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## Nevada Department of Conservation and Natural Resources

### Photo/Video Release Form

I hereby grant the Department of Conservation and Natural Resources permission to use my likeness in a photograph or video (referred to herein as the “**materials**”) in any and all of its publications, including website entries, without payment and without any other consideration.

I understand and agree that these materials will become the property of the Department of Conservation and Natural Resources, and will not be returned.

I hereby irrevocably authorize the Department of Conservation and Natural Resources to edit, alter, copy, exhibit, publish, or distribute the materials for any lawful purposes, including publicizing the Department of Conservation and Natural Resources. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising out of or related to the use of the materials.

I hereby waive, hold harmless, release, and forever discharge the Department of Conservation and Natural Resources from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate, have or which may hereafter accrue from the use of the materials.

I am 18 years of age and I am competent to contract in my own name. I have read this Authorization and Release, and I fully understand the contents, meaning, and impact.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Printed Name \_\_\_\_\_ Date \_\_\_\_\_

If the person signing is under the age of 18, or is otherwise unable to legally sign this Authorization and Release, a parent, guardian, or legal representative must sign as follows:

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and I do hereby give my consent, without reservation, to the foregoing on behalf of this person.

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Parent/Guardian/Legal Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Guardian/Legal Representative Printed Name \_\_\_\_\_ Date \_\_\_\_\_

# SnapShot Day Events

## Assumption of Risk Form

AS A VOLUNTEER, in signing this form, I hereby agree to abide by the Snapshot Day Team rules, policies, and safety rules as established by the Snapshot Day Team and member organizations. I realize there are risks of injury associated with the work of stream monitoring and that despite safety rules and reasonable precautions I could become injured. I voluntarily assume all risks associated with such participation. I understand these risks include, by example but not limited to, the following: the dangers of falling in a waterbody; coming into contact with poisonous plants; heat exhaustion or dehydration; and other outdoor environmental hazards.

(initial)

I understand that Snapshot Day is fundamentally **NOT** a dangerous activity, but that no one can guarantee my safety while participating in or observing this activity. I understand all of the risks and dangers that may arise from this activity and knowing those risks and dangers, it is my wish to participate in or observe this activity. I hereby voluntarily assume such risks, waive all claims or demands against the Snapshot Day Team and member organizations on account thereof, and agree to indemnify, defend and hold harmless the Snapshot Day Team and member organizations from any claims or demands by others for which I may be legally responsible.

(initial)

For myself, my heirs, executors, administrators, legal representatives, and successors in interest (collectively referred to as "successors"). I release, forever discharge and agree not to sue, the Snapshot Day Team and member organizations, participants, or owners of property on which this activity may be conducted from any and all liability, claims, loss, cost or expense. This release includes, but is not limited to, those arising from property damage or loss, injury to my body, mental trauma, or death. I waive any such claims against any persons or organizations, arising directly or indirectly from, any negligence or other action or omission in connection with the sponsorship, organization or conduct of the above event/activity including travel to and from such event or activity in which I may participate.

(initial)

I agree for myself and my successors that the above representations and agreements are contractually binding and shall bind me and my successors for the above event. I agree that if I or my successors assert any claim or bring any suit in violation of this agreement, I or my successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending against such claim or suit.

(initial)

I have carefully read this release form and fully understand its contents. I am aware this is a release of liability, a waiver of claims, and agreement not to sue, and a contract between myself and the Snapshot Day Team and member organizations.

|                                |                        |
|--------------------------------|------------------------|
| Signature of Participant _____ | Address _____          |
| Name _____                     | City, State, Zip _____ |
| Date _____                     | Phone Number _____     |

### Minor's Parent or Guardian Consent:

We undersigned parent or guardian of a minor do hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or specific instructions of any physician or hospital in the event of injury to said minor participating in this event. I understand that this consent is given in advance of any specific diagnosis or treatment that may be required, but is given to encourage university employees, event staff, hospital staff, and such physician to exercise their best judgement as to the requirements of such diagnosis or treatment. The undersigned shall pay all fees for doctors, hospitals and other medical charges reasonable and necessarily incurred.

Signature of Parent or Guardian: \_\_\_\_\_  
(If participant is under 18 years of age.)

### Person to contact in emergency:

|                 |                    |
|-----------------|--------------------|
| Name _____      | Phone Number _____ |
| Physician _____ | Phone Number _____ |