



## Permission for Photography/Videography

I grant University of Illinois Extension permission to use my (my child's) likeness in videotapes, films, photographs, transparencies, and sound recordings arising out of:

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Program and/or Activity

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Date

This content may be used in Extension publications, posters, audio/video presentations or other displays. This content may be associated with my (my child's) name. The content may be released to local news media in connection with reporting on, promoting, or otherwise publicizing University of Illinois Extension and/or its programs.

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(Parent or Guardian's) Name (PLEASE PRINT)

Child's Name (if applicable)

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Address

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City

State

Zip

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Signature

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Email