



## Photo and Video Release

I grant the University of Illinois Extension the permission to disclose my (my child's) identity and to reproduce and distribute videotapes, films, photographs, and transparencies of me (or my child) and sound recordings arising out of

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Program and/or Activity

This image (photo or video) may be used in Extension publications or to otherwise promote Extension programs as in posters, audio/video presentations or other displays. The image may also be released to local news media to be used in connection with reporting on, promoting, or otherwise publicizing Extension programs.

\_\_\_\_\_  
Name of Subject

\_\_\_\_\_  
Parent or Guardian's Name

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Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Subject's Signature

\_\_\_\_\_  
Parent or Guardian Signature  
(If subject is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date