

## Photo, Video, and Audio Release

I grant the University of Illinois Extension 4-H youth development program, the permission to record and/or disclose my (or my child's when noted below) identity, including, but not limited to photograph, image, likeness, and voice ("Identity") and to use, reproduce, and distribute video and/or sound recordings, films, photographs, transparencies or other recordings of me (or my child when noted below) arising out of

\_\_\_\_\_  
Program and/or Activity

Such use, reproduction, and distribution may be done in whole or in part in any media for any purpose on behalf of University of Illinois Extension, such as in Extension publications, webpages, social media or to otherwise promote Extension programs in posters, audio/video presentations or other displays. My (or my child's when noted below) identity may also be released to local news media to be used in connection with reporting on, promoting, or otherwise publicizing Extension programs.

In addition, I waive all claims to compensation or damages based on the use by the University of my (or my child's when noted below) identity. I also waive the right to inspect or approve the finished photograph, video or audio recording, or other recording.

I understand that this release is perpetual, that I may not revoke it, and that it is binding on me, my heirs and assigns.

I warrant that I have the full right and authority to grant this release and that I am at least 18 years of age. I further attest that I have read this release form and full understand its contents.

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

\_\_\_\_\_  
Parent or Guardian's Name (If subject is a minor)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

9/2018

