

PHOTOGRAPHY CONSENT FORM/MODEL RELEASE/MEDIA RELEASE



I, *(print name)* _____, hereby grant permission to Colorado State University Extension, its employees or representatives, to take and use:

(check all that apply:)

- photographs/digital images
- videotape
- audio recording or quoted remarks
- educational or other PowerPoint or presentation materials

of me or prepared by me, or of my property, for use in promotional or educational materials. These materials might include printed or electronic publications, Web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s).

I agree that the media

- may
- may not

contact me to speak with me regarding my involvement in CSU Extension activities.

I authorize the use of these materials indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and video and audio recordings shall be the property of Colorado State University Extension.

(Date)

(Signature of adult subject)

(Address)

(City, State, Zip)

RELEASE FOR MINOR CHILDREN *(Under 18)*

I, *(print name)* _____, parent or official guardian of *(child's name)* _____ hereby grant permission to Colorado State University Extension, its employees or representatives, to take and use:

(check all that apply:)

- photographs/digital images
- videotape
- audio recording or quoted remarks

of **my child** for use in promotional or educational materials as follows:

- printed publications or materials
- electronic publications or presentations
- Web sites

I agree that my child's name and identity:

- may be revealed
- may **not** be revealed

in descriptive text or commentary in connection with the image(s).

I agree that the media

- may
- may not

contact my family to speak with my child regarding his/her involvement with CSU Extension activities.

I authorize the use of these materials indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and video or audio recordings shall be the property of Colorado State University Extension.

(Date) (Date)

(Signature of Parent or Guardian)

(Address)

(City, State, Zip)

(Signature of Witness for CSU Extension)