

**COLORADO STATE UNIVERSITY
COOPERATIVE EXTENSION**

PHOTOGRAPHY CONSENT FORM/MODEL RELEASE

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

(check all that apply:)

- photographs
- videotape
- digital images

of me 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 authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of Colorado State University Cooperative 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 Cooperative Extension, its employees or representatives, to take and use:

(check all that apply:)

- photographs
- videotape
- digital images

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 authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of Colorado State University Cooperative Extension.

(Date)

(Date)

(Signature of Parent or Guardian)

(Signature of Witness for CSU Cooperative Extension)

(Address)

(City, State, Zip)