Cooperative Extension

Youth Participant Photo Release

I, (Print Full Name of Parent/Guardian of Participating Youth) _____ give permission for *Lincoln University Cooperative Extension* to use the images of my son/daughter (circle one), (Print Full Name of Youth) _____ while participating in the "Young Medics Program" programs and to use them for recruiting/printing/publicity purposes. All photographs taken by *Lincoln University Cooperative Extension* become the property of *Lincoln University Cooperative Extension*. By signing, you understand that you are signing all rights and titles in and to the photograph(s) to *Lincoln University Cooperative Extension*. As owners of the photograph(s), *Lincoln University Cooperative Extension* has right to use and publish the photograph(s) and no compensation is made or owed for use of the photograph(s). Photograph(s) will not be given or sold to any other company or individual. The signature of one parent or guardian shall bind the other(s).

_____ _____/_____/_____

Parent/Guardian Signature of Participant Date

Adult Photograph/Video Release

I, (Print Full Name of Adult Participant) _____ give permission for *Lincoln University Cooperative Extension* to capture images of me while participating in LUCE programs and to use them for recruiting/printing/publicity purposes. All photograph(s)/video(s) taken by *Lincoln University Cooperative Extension* become the property of *Lincoln University Cooperative Extension*. By signing, you understand that you are signing all rights and titles in and to the photograph(s)/video(s) to *Lincoln University Cooperative Extension*. As owners of the photograph(s)/video(s), *Lincoln University Cooperative Extension* has right to use and publish the photograph(s)/video(s) and no compensation is made or owed for use of the photograph(s)/video(s). Photograph(s)/video(s) will not be given or sold to any other company or individual.

_____ ____/_____/_____

Signature of Participant Date

Lincoln University Cooperative Extension is an equal opportunity provider and employer