



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 (State name of Program/Event) 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



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\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature of Participant Date



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### 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



Cooperative Extension

### Adult Photograph/Video Release

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\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date