**UW‐EXTENSION COOPERATIVE EXTENSION Date\_\_\_\_\_\_\_\_**

** STANDARD RELEASE**

By signing this Release, I agree to and understand the following:

I agree to grant to the Board of Regents and University of Wisconsin‐Extension

(hereinafter University), its advertising agency, licensees, and producers of its educational

and promotional materials and their successors and assigns, the right to use, publish, and

copyright my picture, voice, and/or moving image for educational programs, advertising,

and promotion of University programs.

I understand that this right includes the right to combine my picture, voice, and/or

moving image with others and the right to alter any of these for the purposes described

above.

I also understand that once my picture, voice, or moving image is placed on a University of Wisconsin web site, CD‐ROM, or other form of media, including electronic, it may be

viewed or used on or off campus.

I agree to release the University and all of its officers, employees, and agents from any

liability claims and costs of whatever kind that occur in connection with my actions while

being photographed or recorded for the University.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address/City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If the individual signing above is not yet eighteen (18) years old, the child’s parent or*

*guardian must read and sign the following form.*

**University of Wisconsin-Extension - Cooperative Extension**

I agree that I am the Parent or Guardian of the above individual, a minor, and that I have

read and approved the above Release.

I agree to release the University and all of its officers, employees, and agents from any

liability claims and costs of whatever kind that occur in connection with my actions or the actions of the above individual.

Parent or Guardian

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

432 N. Lake Street, Room 601 – Madison, WI 53706-1415 (608) 263-5110 – (608) 265-4545-Fax – 711 Wisconsin Relay

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