



## Photo Release Form

I authorize and consent to the editing, duplication and use of photographs taken of me, or my child, this day, by the University of New Hampshire Cooperative Extension without present or future compensation.

I agree that all reproductions thereof shall constitute the property of the University of New Hampshire Cooperative Extension, solely and completely. This release form applies to photographs and/or artistically rendered photographs, paintings or graphics and that I give permission for reproductions in the media, newsletters, UNH Cooperative Extension web sites or in other ways to publicize UNH Cooperative Extension events or activities.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

If under age 18:

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_