



Extension
UNIVERSITY OF WISCONSIN-MADISON



**UPHAM
WOODS**

PHOTO RELEASE PERMISSION FORM

Adult

Participant: ___ I recognize and acknowledge that the University may record my participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, “recordings”) for use in any form (including, but not limited to print, websites, blogs, internet, and social media). I authorize such recording and release the University to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose.

Youth

Participant: ___ I recognize and acknowledge that the University may record my child's participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, “recordings”) for use in any form (including, but not limited to print, websites, blogs, internet, and social media). I authorize such recording and release the University to use my child's name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose.

Print Name: _____ Date _____

Minor child's name (if applicable): _____

Address: _____

Phone: _____

Signature: _____

Please sign and return this form to your group leader.

Name of Group:

Date(s) of Visit: