

PUBLICITY RELEASE FORM

I, the undersigned, hereby

- A. Do consent and authorize, or
- B. Do Not consent and authorize,

(Circle One of Underlined Statements Above)

The Use or Reproduction, by Cornell Cooperative Extension of Onondaga County, of any and all photographs, slides, films, digital images, sketches and any other audiovisual materials taken of my son/my daughter/my ward and/or me taken during any authorized Cooperative Extension event or activity for publicity, advertising, promotional printed material, educational activities, exhibitions or any other use for the benefit of Cornell Cooperative Extension programs.

By not consenting or authorizing, I understand my involvement in Cornell Cooperative Extension programs is not jeopardized in any way.

If this release agreement is being signed for a child/ward I certify that I am the Parent/Guardian authorized to sign this release.

Name of Child/Ward: _____
PRINT NAME

Name of Parent/Guardian: _____
PRINT NAME

Signature: _____ Date: _____
Parent or Guardian