

**Consent for Photographing, Filming, Video/Audio
Recording , Televising, and Publishing of Written
Communication.**

For good and valuable consideration, I hereby authorize the University of Tennessee to photograph, film, audio/video record, and/or televise my image and voice, as well as publish communications written by me. The University may exhibit or display my name, likeness, voice, and biographical material, in whole or in part, in any media known or developed in the future, without any restrictions, for any or all **purposes consistent with the University’s missions of teaching, research, promotion, and outreach.**

Private, personal information, such as birth dates and Social Security numbers **will not** be released, sold/given to third parties, and used only for the University’s purposes as stated above.

I have read this entire document and have willingly agreed to the conditions contained herein. I give this full release of all claims on behalf of myself, my heirs, executors, administrators, and assigns.

I am over 18 years of age. Yes _____ No _____

Name: _____
(please print)

Address: _____

Signature: _____ Date: _____
(MM/DD/YYYY)

Parent or Guardian Signature:
(if under 18) _____

Brian Signaigo, 4-H and Adult Agriculture Extension Agent

Photographer/Producer: *Amy E. DeLeon-Rogers, 4-H and Adult FCS Extension Agent*

Project and Location:

*Events & Programs associated
with UT Extension in
Chester County*