



University of Connecticut

College of Agriculture and Natural Resources
Cooperative Extension System



VIDEO PRODUCTION CONSENT AND RELEASE FORM

I, _____ hereby authorize the University of Connecticut and those acting pursuant to its authority (“University”) to record my likeness and/or voice on any medium (“recordings”) including but not limited to video, audio, photographic, digital, and electronic mediums. I further consent that my name and identity may be revealed in such recordings or by descriptive text or commentary.

I also understand that the University’s use of these recordings can include but is not limited to reproducing, exhibiting, performing, displaying, altering or distributing the recordings (“use”). I hereby authorize the University to use these recordings in any medium (e.g. print publications, videotapes, CD-ROM, Internet), in any manner, and for any purpose that supports the mission of the University and 4-H program including educational, promotional, and advertising efforts.

I understand that all such recordings, in whatever medium, shall remain the property of the University. I waive any rights, claims or interests I may have to control the use of my identity or likeness in these recordings, and agree that any use may be made without compensation or additional consideration to me. I release the University from liability for any violation of any personal or proprietary right I may have in connection with its uses. I also understand that appropriate substitutions may be made to selected music or other copyrighted materials within a submitted recording to comply with legal requirements.

I represent that I am competent to execute this Agreement and I have read and understood this entire document before signing below, fully intending to be legally bound by its terms. **(Youth under 18 years of age must have a parent/legal guardian signature.)**

Name: _____

Address: _____

Street

City

State

Zip

Phone: _____

Signature: _____ Date: _____

Name of Parent/Legal Guardian (if under 18 years of age): _____

Signature: _____ Date: _____