
Media Recording/Usage Release: WVU Extension Service

***Participant Name:** _____

***County Name:** _____

***Address:**

Phone Number: _____

***Participant's Signature:** _____

*(*Required if 18 years of age or older)*

.....

I do not consent to the publication of the image and likeness of the above named participant.

I decline permission for the above named participant to be audiotaped, videotaped, or photographed.

I hereby give my consent for the image and likeness of the above named participant to be videotaped, audiotaped, or photographed for the following uses:

- Educational/Instructional media
- Development media
- Recruitment/Outreach media
- Newsworthy media

documentation

I further authorize West Virginia University, WVU Extension Service, and/or West Virginia University Hospitals, Inc. and their component parts to use this electronic media and/or photographs in any manner- whole, or in part.

This waiver includes usage of this media in any way deemed appropriate, which may include electronic and photographic reproductions thereof for the production educational, instructional, promotional, or institutional advancement materials which support the educational and outreach activities of West Virginia University.

I hereby waive any right I may have to inspect or approve any use of this electronic media and/or photographs and I release West Virginia University and its component parts from all liability which could result from its use.

***Parent/Guardian's Name:**

***Parent/Guardian Signature:**

*(*Required if the participant is a minor or if the participant is hindered by mental or physical challenges)*

**Please return this media release to your WVU-ES county office.
Find your WVU-ES county office address at [www.wvu.edu/
~exten/depts/county](http://www.wvu.edu/~exten/depts/county)**

The WVUES or County Extension Office cannot be held responsible if others take photos, video tape, or audio tape participants at events and post them on today's social media sites.