



The University of Vermont

University of Vermont Extension
Photo & Video Release Form

Revised 11/21/23

Date _____

I, _____, hereby consent to and authorize the use and reproduction by UVM Extension, or anyone authorized by UVM Extension, of any and all photographs/videos which have been taken on _____ (date) for any purpose in conjunction with publicizing activities of UVM Extension without compensation to me.

I also consent to having myself and/or my minor children identified by name in photo captions or video captioning.

Name _____

Street _____

City or town _____

State/Zip _____

Phone _____

Signature _____

(Parent/guardian, for minor children)

Witness _____