

Media Recording/Usage Release Form

Participant Name: _____

County: _____ Phone Number: _____

Address: _____
Street City State Zip

- 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
 - Recruitment/Outreach media
 - Development 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.

Participant's Signature: _____
(Required if 18 years of age or older)

Parent/Guardian Signature: _____
(Required if participant is under 18)

Please return this media release to your WVU Extension Service county office.

Find your Extension county office address at <https://extension.wvu.edu/offices>.

The WVU Extension Service or county Extension office cannot be held responsible if others take photos, video tape or audio tape participants at events and post them on social media sites.