



UW-MADISON EXTENSION

## PHOTO OPT-OUT RELEASE

Complete and return this form to your 4-H supervisor in your county. The form must be accompanied by a current photo (for internal use only) in order for it to be valid.

Please be advised that:

1. Images and videos taken in public spaces and/or at public events do not require authorization for publication.
2. It is your responsibility to notify personnel that you have signed the opt-out release.

I DO NOT authorize the University to record my participation and appearance on any recorded medium including, but not limited to video, audio, photos for use in any form (including, but not limited to print, websites, blogs, internet, and social media). In addition, I DO NOT authorize the University to use my name, likeness, voice, or biographical material for educational or promotional purposes.

By completing the information below, I am confirming that I am of legal age (18 or over) and that I have read the above "Photo Opt-Out Release" and agree to its contents.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip/Postal Code

\_\_\_\_\_  
Signature