

Publicity/Photo Release

Form must be used for each individual photographed or recorded who is *not employed* by Kansas State University Agricultural Experiment Station and Cooperative Extension Service or College of Agriculture.

Participant Name (please print)	Age (if under 18)	Street Address
City	State	Phone
email		

I authorize Kansas State University and/or K-State Research and Extension or its assignees to photograph and record my image and/or voice (or that of my child under age 18) for use in current or future research, educational, and promotional programs, and printed or electronic publications. I also recognize that these audio, video, and image recordings are the property of Kansas State University and K-State Research and Extension. I have read and understand the K-State Research and Extension Publicity/Photo Release.

Participant or Parent/Guardian Signature	Date
--	------

K-State/KSRE Photographer (please print)	Phone
--	-------

Event or Associated Program (4-H, PRIDE, etc.)	Keywords for electronic file
--	------------------------------

Caption/support information:

Facilitating K-State Research and Extension Staff Member	Date
--	------