

4-H Environmental Education Program Child Video/Photo Release Form

I certify that I am the parent or legal guardian of _____. I give permission for my child to be videoed, filmed, and photographed during the 4-H Environmental Program for the purposes of developing promotional materials for the program. I understand that neither I nor my child will receive compensation for the use of this video.

I hereby grant full permission to the University of Georgia, a division of the Board of Regents of the University System of Georgia, to use, reproduce, publish, distribute, and exhibit my child's name, likeness, and voice in connection with these materials.

I hereby release and forever discharge the University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees, from any and all claims, demands, rights, in my capacity as legal representative of my child, caused by or arising from the production or use of these materials.

I understand that the acceptance of this consent and release form by the Board and Regents of the University System of Georgia shall not constitute a waiver in whole or in part sovereign immunity by said Board, its members, officers, agents, and employees.

SCHOOL NAME _____

SIGNATURE (PARENT/GUARDIAN) _____

PRINTED NAME _____ DATE _____

RELATIONSHIP TO PARTICIPANT _____



Making the best better!

Rock Eagle 4-H Environmental Education. P: 706-484-2862 www.rockeagle4h.org reagle@uga.edu