2801 Second Street Davis, CA 95618-7779 (530) 750-1200 office (530) 756-1079 fax <u>http://ucanr.edu</u>

Release Agreement

I understand the photograph(s) or video or audio recording(s) taken of me by agents, employees or representatives of The Regents of the University of California (hereinafter called "the University") shall be used in connection with the University's dissemination of information by its public service and academic programs to the general public.

I hereby irrevocably authorize the University to copy, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, including composite or artistic forms and media, for purposes of publicizing University programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge the University from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

If I do not to sign this photo release waiver, I can still participate in nutrition classes.

By providing this agreement, the University has informed participants that the UCCE nutrition education programs will make reasonable efforts to not take or use photos, videos, or audio recordings of participants who have not signed this release, but cannot guarantee that those individuals will not appear in photos, videos, or audio recordings of nutrition education programs, classes, or events.

Project Title: Activities that are part of UCCE nutrition education programs

(Signature)

(Date)

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of ______, the minor named above, and do hereby give my consent without reservations to the foregoing on behalf of this person.

(Signature)

(Date)

(Printed Name)

The ANR unit taking the image and/or audio recording should retain the original of this signed form for as long as the photo or recordings may be used. Revised 10/2018