I do _______ or do NOT _______ give permission to North Carolina State University, through its Cooperative Extension program for North Carolina 4-H, and _______________ County Extension staff, to take photographs and/or record video and/or audio or otherwise record images and likenesses of me and/or my property and to use these for 4-H Youth Development nonprofit educational, promotional, and/or marketing materials. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I expressly release North Carolina State University, its agents, employees, licensees and assigns from and any and all claims which I may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings of my image, voice, or likeness.

I understand this permission is entirely optional, and that participants who do not give permission will remain eligible for 4-H services, benefits, and privileges the same as those who do give permission.

Participant Name (please print): ____________________________________________
Participant Signature:____________________________ Date:____________________

If individual is under the age of 18, consent of the legal parent or guardian is needed.

Parent/Guardian signature: ______________________________________________
Parent/Guardian name (please print): _________________________________________
Signature: ______________________________________ Date: ___________________