Operation Military Kids
Photo Release
(Print clearly, fill out completely)

Youth's Name _____
Last First Middle Initial

Youth's Address _____
Street or Box City State Zip Code

Youth's Phone Number ( ) _____ Birth Date _____ Age _____

Sex: ☐ M ☐ F

Agreement for Use of Photographs, Artwork, and Name

From time to time photographs, videos, and/or audio clips may be taken of youth and adults engaging in Operation: Military Kids and 4-H programs and activities. *The University of* _____ *4-H, Operation: Military Kids and* _____*Public Affairs* request the right to use all photos, videos, and/or audio clips taken of youth and adults, programs and activities. These may be used for promotional brochures, promotions or showcase of programs on our web sites, showcase of activities in local newspapers, and other not-for-profit purposes.

By signing this form, I consent to allow the *University of* _____ *4-H, Operation: Military Kids and* _____*Public Affairs* to use photos, videos, and/or audio clips that they have of me/my child participating in Operation: Military Kids and 4-H.

By signing this form, I confirm that I understand and agree to the above request and conditions. I agree to give up my rights with regards to Operation: Military Kids and 4-H photos, videos, and/or audio clips of me. I sign this form freely and without inducement.

Parent/Legal Guardian's Signature _____ Date _____

Youth's Signature _____ Date _____

Please note: This is only a sample. Modify this registration and release form to meet your specific parameters. Make sure to check with State partners/sponsors for authorization.

SAMPLE