

PHOTO RELEASE CONSENT FORM

I, the undersigned, give my permission to the Macomb County MSU Extension to use photographs, audio and video recordings and facsimile images of me, without compensation, for promotional actives.

I further agree to hold MSUE free and harmless from all claims arising from the use of said photographs, audio and video recordings, and fascimile images when used within the scope described above.

Signature

Date

Signature of parent/guardian
if above is a minor

Date