



Extension

UNIVERSITY OF WISCONSIN-MADISON

Video, Image, Testimonial Consent Form

Adult participants:

I recognize and acknowledge that the University of Wisconsin may record my participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, "recordings") for use in any form (including, but not limited to print, websites, blogs, internet, and social media). I authorize such recording and release the University of Wisconsin to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose. I further authorize the University to distribute such recording to third parties (e.g., newspapers) and release such third parties to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational, promotional, editorial, or news reporting purpose.

Name

Signature

Date

Minor participants:

I recognize and acknowledge that the University of Wisconsin may record my child's participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, "recordings") for use in any form (including, but not limited to print, websites, blogs, internet, and social media). I authorize such recording and release the University of Wisconsin to use my child's name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose. I further authorize the University to distribute such recording to third parties (e.g., newspapers) and release such third parties to use my child's name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational, promotional, editorial, or news reporting purpose.

Name of minor

Name of guardian or parent

Signature

Date