

Colorado State University Cooperative Extension
WILD BUG FISH CAMP PHOTOGRAPHY RELEASE FORM
June 15-18, 2009

*(**Print** name for each family member under age 18 attending camp)*

*(**Print** name for each family member 18 & over attending camp)*

I hereby grant permission to Colorado State University Cooperative Extension, its employees or representatives, to take and use:

(check all that apply:)

- photographs
- videotape
- digital images

of **our family members** for use in promotional or educational materials as follows:

- printed publications or materials
- electronic publications or presentations
- web sites

I agree that our names and identity:

- may be revealed
- may **not be** revealed

in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to us. All negatives, positives, prints, digital reproductions and videotape shall be the property of Colorado State University Cooperative Extension.

(Date)

(Signature of Parent or Guardian of listed minors)

(Address)

(City, State, Zip)

(This release may be rescinded at any time by calling Kit Carson County Extension (719) 346-5571.)