



**North Carolina 4-H and Henderson County 4-H  
Photographic, Video, and Audio  
Optional Publicity Release**

I do \_\_\_\_\_ or do NOT \_\_\_\_\_ give permission to North Carolina State University, through its Cooperative Extension program for North Carolina 4-H, and Henderson 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 and Henderson County, 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 that my photographs may be edited, copied, and distributed by means of various media, including video presentations, television, news bulletins, mailouts, billboards or signs, brochures, placement on websites, or newspapers. I understand that although North Carolina State University and Henderson County will endeavor to use my photograph in accordance with standards of good judgment, the North Carolina State University and Henderson County cannot warranty or guarantee that any further dissemination of my photograph will be subject to the North Carolina State University and Henderson County's supervision or control. Accordingly, I release the North Carolina State and Henderson County from any and all liability related to dissemination of my photograph.

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.

I have read this document and understand its contents.

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 of County or NC State Representative:

\_\_\_\_\_ Date: \_\_\_\_\_