

# Ohio State University

## Photo, Video Release and Authorization - Child

My child, \_\_\_\_\_ plans to participate in Insert Program Type programming through Insert Program Name, taking place Insert Program Date Range. I acknowledge that during this programming, my child may have their image and or voice captured through photo, audio or video recording. For good and valuable consideration, the receipt of which is hereby acknowledged, I irrevocably consent to and authorize The Ohio State University, OSU Extension, Ohio 4-H and its affiliates, agents, successors and assigns ("OSU") consent to use the videotape and photographs of my child, and recordings of his/her voice, conversations, sounds, name, image and likeness, captured during and in connection with my child's participation in Insert Program Activities in all types of media and for all lawful purposes.

I hereby grant all rights to OSU to use the results of such videotaping, photography and recording in perpetuity, throughout the world to: (1) reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose; and (2) grant others the right to reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose.

I further agree that OSU may use and permit others to use my child's name, voice, image, and likeness captured during this activity in any medium and in the promotion, advertising, sale, publicizing OSU and Insert Program Name throughout the world, an unlimited number of times in perpetuity. I hereby waive any right of inspection or approval of the use of my child's voice, conversation, sounds, image and likeness. I acknowledge that OSU will rely on this grant of rights and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the rights granted hereunder.

I acknowledge and agree that this agreement is binding on all of my heirs and assigns.

Print Full Name of Participant: \_\_\_\_\_

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

Authorizing Signature of Parent/Legal Guardian if  
Participant is under 18 years old: \_\_\_\_\_

Print Parent/Legal Guardian Name: \_\_\_\_\_

Print Full Name of Participant: \_\_\_\_\_