

Please turn in this form at the first class

Date _____

RELEASE FOR PHOTOGRAPHS, VIDEO AND FILM

When a program participant's picture is taken, a Release Form must be completed. The release includes the following information:

I authorize Michigan State University Extension to record and photograph my image and/or voice and/or that of the subject named below for use by Michigan State University or its assignees in research, educational and promotional programs. I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed with or without charge, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

Name of Subject _____

(please **PRINT** name)

* * * * *

ADDRESS RELEASE

Please indicate if you would like to make your name, address and phone number available to the other Master Gardener students in this class. We will then prepare a master list for each student so you can contact each other in the event of questions, ride share, etc.

____ Please publish my name, address and phone number on the master list for other students' reference **ONLY**.

____ I do **NOT** want my name published on the master list for student reference.

Name: _____

(please **PRINT** your name)

Acceptance of Master Gardener Policy

I have read and understand the Michigan State University Extension Master Gardener Volunteer policy statement and standards of behavior outlined above. I agree to comply with the guidelines and fulfill the commitments required. I also understand that failure to comply with the above guidelines and policies may result in expulsion from the program at the discretion of the supervisory extension agent.

Name: _____ County: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Daytime phone: (____) _____

**Signature: _____ Date: _____

****Please *sign* this page and return it to your county Master Gardener Volunteer Coordinator.**