

FLORIDA 4-H PHOTOGRAPHY CONTEST PHOTOGRAPH RELEASE

THIS RELEASE MUST BE FULLY COMPLETED AND SENT IN WITH THE DESIGNATED PHOTO.
FAILURE TO DO SO WILL RESULT IN DISQUALIFICATION.

Name: _____

Age Division: _____

County: _____

Must be in age division by Sept. 1 of current program year.

Photo Class: _____

Camera: _____

Address: _____

Film Speed: _____

City/Zip: _____

Software Used: _____

Email: _____

Title: _____

Description of Work: _____

COMPUTER GRAPHIC USE STATEMENT:

A little touch up is allowed, such as improve lighting slightly, red eye reduction, crop and trim. However, if the photograph has been substantially manipulated using computer graphic software, such as changed colors, morphed, drew extra shapes, then your photo will be disqualified.

PHOTOGRAPHY RELEASE STATEMENT:

I do hereby consent and agree that UF/IFAS Extension, Florida 4-H Youth Development Program staff have permission to take photographs and/or record video and/or audio of me and/or my property and to use these for 4-H Youth Development educational, promotional, and/or marketing materials. I further do hereby give the right to exhibit any such works publicly or privately, including posting on the Florida 4-H Youth Development Program website. I waive any rights, claims, or interests I may have to control the use of my identity, the identity of the subject(s), or likeness in the photographs, video or audio and agree that any uses described herein may be made without compensation or additional consideration.

I represent that I have read and understand the foregoing statements and I am competent to execute this agreement.

Name (please print): _____

Signature: _____ Date: _____

If the individual in the photo is a recognizable adult or youth, under the age of 18, then consent from the model or the minor's legal parent or guardian is needed.

Model/Parent or Guardian Release: I grant permission to The University of Florida, the Institute of Food and Agricultural Sciences and Florida 4-H Youth Development Program and its agents or employees, to use photographs taken of and/or by my minor child on the date listed below for publication in university publications such as brochures, promotional, newsletters, and magazines, and to use the photos on display boards, websites, and to offer them for publications in other non-university newspapers, magazines and websites, without notifying me. I agree to waive and release any and all claims against the University, IFAS and Florida 4-H and its contractors and licensees relating to my child's likeness, the Photo and their uses and/or distribution I any version or media throughout the universe, including without limitation, any rights and claims relating to royalties or compensation, editing, alteration, copyright, distribution, misappropriation, libel, false light, rights of privacy and/or publicity.

Parent/Guardian name (please print): _____

Signature: _____ Date: _____

