



PHOTO OPT OUT RELEASE

Activity: Douglas County Master Gardener Date(s): January 1, 2018 - December 31, 2018

Please complete and return this form **ONLY** if you do **NOT** wish for the University to record your participation and appearance on any recorded medium.

This Photo Opt Out Release must accompany the appropriate form (i.e. the Conditions of Volunteer Service or Acknowledgement of Risk and Waiver of Liability) for your ACTIVITY. This Photo Opt Out Release is applicable and valid for this ACTIVITY, up to 12 months from the date of signature for on-going ACTIVITY. It is suggested that a current photo accompany this form, so that it may be compared to the recorded media taken at the ACTIVITY for the purpose of excluding your likeness from the recorded medium.

I, the undersigned, do not wish the University to record my participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, "recordings") for use in any form (including, but not limited to print, websites, blogs, internet). I understand the University will make reasonable efforts to comply with my request. If I become aware of a recording with my likeness, I will notify the University contact for the ACTIVITY. I understand that the University will then make reasonable efforts to remove my likeness from recordings.

I hereby confirm that I am of legal age (18) and have every right to contract in my own name as stated above. I further affirm that I have read the above Photo Opt Out Release, and am familiar with its contents.

Name (Please Print): _____ Telephone Number: _____
Address: _____ City: _____ State: _____
Signature: _____ Date: _____

Please sign and return this completed form to _____
(INSERT Department contact name, address and phone number)

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REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE

I hereby confirm that I am the parent or legal guardian of the above-named participant. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above Photo Opt Out Release, and am familiar with its contents.

Parent or Guardian Signature: _____ Date: _____

Note: Complete a new form every 12 months for on-going ACTIVITY, when participating in a different ACTIVITY, or when the ACTIVITY changes. This form needs to remain in the department where the ACTIVITY are being performed and be kept in accordance with OSU retention requirements.