



Personal Release

I authorize Oregon State University, Oregon State University Extension and the Oregon State University Extension Master Gardener Program acting pursuant to its authority to:

- (a) Record me on videotape or audiotape, in photographs, or in any other recorded medium. I understand that these recordings may be used in any medium, including print, World Wide Web, video, or audio.
- (b) Use my name, likeness, voice, and biographical material in connection with recordings.
- (c) Exhibit or distribute such recording in whole or part without restrictions or limitation for any educational or promotional purpose, which Oregon State University and those pursuant to its authority, deem appropriate.

I waive any right to inspect or approve the finished medium or the use to which it may be applied.

I represent that I am at least 18 years of age and that I have read and fully understood the above paragraphs and am knowingly and voluntarily executing this release.

Signature Date

Name (PLEASE PRINT)

OSU Master Gardener

Title

OSU Extension Service Master Gardener Program

Organization

Street

City State Zip

Telephone (area code first)

Signature

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For Use by OSU Extension Master Gardener Program. Form last updated December 15, 2011.

Received by _____ Date _____