

Media Release Agreement

This is a standard release and authorization form to permit the recording (audio, video, stills, and in text) of your participation with the University of Arkansas System Division of Agriculture. Please read the following and sign below:

I, the undersigned, hereby grant the University of Arkansas System Division of Agriculture ("UADA") the irrevocable and unrestricted right to:

1. use my name, likeness, identity, voice, photographic image, video graphic image and oral or recorded statements (collectively, "likeness") as it deems necessary for educational, solicitation, advertising, and promotional purposes. I acknowledge that I will receive no monetary compensation for this use;
2. copy/reproduce and distribute my likeness by means of various media, including, but not limited to video presentations, television, radio, news releases, mail-outs, emails, billboards, signs, brochures, electronic/digital delivery, social media, publication, display, or promotions on any and all other media, and I further understand that my likeness may be subject to reasonable modification or editing;

I waive any right to inspect or approve the finished images or other content, including advertising copy or printed matter, in which they may be used.

I further waive and release UADA and its officers, agents and employees from any claim or liability relating to the use of my name, likeness, identity, voice, photographic image, video graphic image and oral or recorded statements (hereinafter, likeness"), including all claims of compensation, damage for libel, slander, invasion of the right of privacy or any other claims based on, arising out of, or connected with the use of said likeness.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I ACKNOWLEDGE AND AGREE THAT THIS RELEASE SHALL BE BINDING UPON MY SURVIVORS, HEIRS, SUCCESSORS, AND ASSIGNS. I AM AWARE THAT THIS RELEASE IS A RELEASE OF LIABILITY, INCLUDING BUT NOT LIMITED TO, LIABILITY FOR NEGLIGENCE, AND I SIGN IT OF MY OWN FREE WILL.

Agreed to and accepted by:

Name (please print): _____

Signature: _____

Date Signed: _____

If a participant is under the age of eighteen (18) years, this Release must be executed by the participant's parent(s):

Parent(s)' Name (Please print): _____

Parent(s)' Signature: _____

Date: _____

Pursuant to 7 CFR § 15.3, the University of Arkansas System Division of Agriculture offers all its Extension and Research programs and services (including employment) without regard to race, color, sex, national origin, religion, age, disability, marital or veteran status, genetic information, sexual preference, pregnancy or any other legally protected status, and is an equal opportunity institution.