

## Audio/Photo/Video Ongoing Consent Form

(This form is **CONFIDENTIAL**)

\_\_\_\_\_  
Event Name

\_\_\_\_\_  
Event Date

I permit Texas A&M AgriLife Extension Service and/or the Cooperative Extension Program of the Texas A&M System, to record, own, publish, and republish information about me/my property and reproductions of my likeness and my voice for educational, marketing, and publicity purposes through any media. I acknowledge that the pictures or recordings taken on this date then become the sole and exclusive property of Texas A&M AgriLife Extension Service and the Texas A&M System. I release Texas A&M AgriLife Extension Service, the Cooperative Extension Program, and the Texas A&M System from any and all claims that might arise from the use of these images and recordings.

\_\_\_\_\_  
School Name (please print)

\_\_\_\_\_  
School District (please print)

\_\_\_\_\_  
School Address (please print)

\_\_\_\_\_  
City, State, Zip Code (please print)

\_\_\_\_\_  
School Area Code and Phone Number

\_\_\_\_\_  
Teacher's Name (please print)

\_\_\_\_\_  
Total Number of Students in Class

Are there any students in your class that can **NOT** have their picture taken? Yes \_\_\_\_\_, No \_\_\_\_\_

If so, how many? \_\_\_\_\_

Please list names below (if more room is needed, please attach list):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I affirm that students of \_\_\_\_\_ can be photographed, interviewed, and/or videotaped because all relevant permissions have been secured in advance by the school.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title