



UNIVERSITY OF MINNESOTA  
**EXTENSION**  
 Master Gardener Program

**MEDIA CONSENT & RELEASE**

I do hereby consent and agree that University of Minnesota Extension and the University of Minnesota Extension Master Gardener program may take photographs, video or audio clips of me and may use these for educational and promotional materials or web postings. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to the University of Minnesota and the University of Minnesota Extension Master Gardener program the rights to exhibit this work publicly or privately. I waive all claims to compensation for the use of photos, video or audio clips of me.

I attest that I am at least 18 years of age (if under 18, a parent or guardian should sign), have read and understand the foregoing statement, and am competent to execute this agreement.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

I am over 18 years of age: \_\_\_\_\_ yes \_\_\_\_\_ no

(If under 18, signature of a parent or guardian is required.)

Printed Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

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