

UCCE California Naturalist Program & Sierra Streams Institute
Photographic/Video Consent & Release

Name (Last, First): _____

I do hereby consent and agree that the University of California Cooperative Extension and Sierra Streams Institute (host organization), their employees or agents have the right to take photographs or record videos of me (and/or my property) and to use these for educational and promotional materials. 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 California Cooperative Extension and Sierra Streams Institute (host organization), their agents and employees all rights to exhibit this work in print and electronic form publicly or privately and to market or sell copies. I waive any rights, claims or interests I may have to control the use of my identity or likeness in the photographs and agree that any uses described herein may be made without compensation or additional consideration of me.

I represent that I am at least 18 years of age, have read and understand the foregoing statement and am competent to execute this agreement.

Full name: _____

Address: _____

Phone: _____

Date: _____

Signature: _____