

**Colorado State University Extension**  
**FIELD SKILLS WEEKEND CAMP PHOTOGRAPHY RELEASE FORM**  
**July 11-13, 2008**

*(**Print** name for each family member under age 18 attending camp)*


*(**Print** name for each family member 18 & over attending camp)*


I hereby grant permission to Colorado State University Cooperative Extension, its employees or representatives, to take and use:

*(check all that apply:)*

- photographs
- videotape
- digital images

of **our family members** for use in promotional or educational materials as follows:

- printed publications or materials
- electronic publications or presentations
- web sites

I agree that our names and identity:

- may be revealed
- may **not be** revealed

in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to us. All negatives, positives, prints, digital reproductions and videotape shall be the property of Colorado State University Extension.

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature of Parent or Guardian of listed minors)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(City, State, Zip)*

(This release may be rescinded at any time by calling Kit Carson County Extension (719) 346-5571.)