PHOTO RELEASE FORM

Date: _______________________

I give permission to the College of Agriculture and Natural Resources, University of Maryland, to use and publish my photograph for educational and promotional purposes without compensation.

Name:__________________________________________________________

Phone #:________________________________________________________

Signature:_______________________________________________________

If Minor, Signature of Parent or Guardian:_______________________________

The University of Maryland Extension programs are open to any person and will not discriminate against anyone because of race, age, sex, color, sexual orientation, physical or mental disability, religion, ancestry, national origin, marital status, genetic information, political affiliation, and gender identity or expression.