

# CONSENT RELEASE FORM

I, (print name) \_\_\_\_\_ hereby give my consent for photographing, filming, audio/videotaping, and/or transmission via broadcast/cable television of my image and voice, and release to Tennessee Association for Family and Community Education (TAFCE) and the University of Tennessee all rights of any kind to the materials in which I appear. This is a full release of all claims whatsoever I or my heirs, executors, administrators or assigns now or hereafter have against TAFCE or the University of Tennessee, or its employees, as regards to any use that may be made by them of said photographic reproductions, films, audio/videotape, social media and/or web, or transmission via broadcast/cable television.

Further, I acknowledge that my name and biographical material, portrait, picture, likeness, or voice may be used for purposes consistent with TAFCE or the University of Tennessee's mission of teaching, research and service, including the promotion and publicizing of the materials in which my image/voice appear. Such uses as may be made will not constitute a direct endorsement by me of any product or service.

I have read this entire document, understand the contents, and I have willingly agreed to the above conditions.

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

Name (print): \_\_\_\_\_

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

Region: \_\_\_\_\_

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

Signature of Parent/Guardian (if under 18): \_\_\_\_\_