

***Media Recording/Usage Release:  
WVU Extension Service***

**Unit or Program Name:** \_\_\_\_\_

I hereby give my consent for the image and likeness of \_\_\_\_\_  
to be videotaped, audiotaped, or photographed for the following uses:

- Educational/Instructional media
- Recruitment/Outreach media
- Development media
- Newsworthy media documentation

I further authorize West Virginia University, WVU Extension Service, and/or West Virginia University Hospitals, Inc. and their component parts to use this electronic media and/or photographs in any manner-whole, or in part.

This waiver includes usage of this media in any way deemed appropriate, which may include electronic and photographic reproductions thereof for the production educational, instructional, promotional, or institutional advancement materials which support the educational and outreach activities of West Virginia University.

I hereby waive any right I may have to inspect or approve any use of this electronic media and/or photographs and I release West Virginia University and its component parts from all liability which could result from its use.

**Participant's Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Participant's Signature** \_\_\_\_\_  
*(Required)*

A parent or guardian must sign this form if the participant is a minor or if the participant is hindered by mental or physical challenges.

**Parent/Guardian's Name** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_  
*(Required)*

**Please keep this media release in your WVU-ES state-unit/program office.**