



Texas Cooperative Extension
Texas Agricultural Experiment Station

The Texas A&M University System

audio/video/photo/interview consent form

Subject's Name (please print)

Date

I permit The Texas A&M University System and its agencies to record, own, publish, and republish information about me/my property and reproductions of my likeness and my voice for educational, marketing, and publicity purposes through any media. I acknowledge that the pictures or recordings taken on this date then become the sole and exclusive property of The Texas A&M University System. I release The Texas A&M University System and its agencies from any and all claims that might arise from use of these images and recordings.

Signature of Subject (if age 18 or older)

Parent or Legal Guardian (if subject is under 18)

Address (please print)

(Address, if different from minor's)

Area Code and Phone No.

(Area Code and Phone No., if different from minor's)

If subject is under 18 years old, a parent or legal guardian must write the minor's name as the subject and grant permission by signing on the appropriate line.

----- FOR SCHOOL OFFICIALS ONLY -----

I affirm that students of _____ can be photographed, interviewed, and/or videotaped because all relevant permissions have been secured in advance by the school.

Signature

Title