



Photo Consent Form

\_\_\_\_\_  
Subject Name

\_\_\_\_\_  
Date

I understand that during the course of my participation in MyPI New York, the New York Youth Preparedness Initiative, I may be photographed during course delivery, skills illustration, etc.

I permit the Instructors and/or Administrators to photograph:

(circle one): (1) my image (2) my child's image (3) my employees' image

and use those photographs for educational and publicity purposes. I release MyPI New York, Cornell University, Cornell Cooperative Extension, New York 4-H, Cornell University Board of Trustees, MyPI National, Mississippi State University (MSU), the MSU Extension Service, the MSU School of Human Sciences, the National Institute of Food and Agriculture (NIFA), the MyPI National instructors, the MyPI New York instructors, or any employees, assigns, agents, or affiliated entities from any claims that might arise from use of these photographs.

\_\_\_\_\_  
Signature of participant (if 18 or over)

\_\_\_\_\_  
Parent/Guardian (if participant is under 18)

*If participant is under 18, a parent or guardian must write the child's name as the subject and grant permission by signing on the appropriate line.*



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Extension