



Youth Photo Release Form
Do NOT alter the form in any manner

CHILD PHOTO AUTHORIZATION:

I _____ authorize the University of Missouri to make pictures and sound recordings of my child/children _____ and use the same in any form for its purposes and consent that the pictures and recordings may be copied, published, telecast or broadcast for such purposes together with descriptions and editorial statements.

Date	Signature of Parent/Guardian
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4-HMU is an Equal Opportunity Institution. For concerns about access or opportunity, contact your local MU Extension center or call 573-882-7430. The University of Missouri complies with the guidelines set forth in the Americans with Disabilities Act of 1990. If you have special needs as addressed by the Americans with Disabilities Act and need assistance with this or any portion of the enrollment process, call 573-882-2719. Reasonable efforts will be made to accommodate your special needs.

Copy Form as Needed