



## PHOTO RELEASE PERMISSION FORM

\_\_\_ I grant permission to the University of Wisconsin-Extension to use my photo and comments in UW-Extension reports, articles, and publications designed for educational, informational, and promotional purposes. I understand some of these materials may be posted on the World Wide Web for a period of time.

\_\_\_ I grant permission to the University of Wisconsin-Extension to use the photo and comments of my minor child, (name) \_\_\_\_\_, in UW-Extension reports, articles, and publications designed for educational, informational, and promotional purposes. I understand some of these materials may be posted on the World Wide Web for a period of time.

Print Name: \_\_\_\_\_ Date \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Please sign and return this form to: Upham Woods Outdoor Learning Center, N194 County Rd N, Wisconsin Dells, WI 53965, 608-254-6461.

Name of Project: