

**U.S. DEPARTMENT OF AGRICULTURE
OFFICE OF COMMUNICATIONS
BROADCAST MEDIA AND TECHNOLOGY CENTER**

CONSENT/RELEASE FORM OF AN ADULT

I consent to the reproduction, and use, royalty-free, of motion picture films, videotapes, recorded sounds, and still photographs of me by the Office of Communications, United States Department of Agriculture for all purposes including, but not limited to, education, training, display, editorial, advertising, promotion, art, and exhibits.

In giving this consent, I release the United States, its officers, employees, nominees, and designees from liability for any violation of any personal or proprietary right I may have in connection with such reproduction and use.

-
- The person to be recorded, photographed or filmed is of legal age (18 years of age or older), please complete below.**

(Please Print)

Name _____ Telephone No. _____

Address _____

Signature _____ Date _____

Revised 2-8-21