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|  | **TASTE WASHINGTON DAYOctober 8, 2025** **Photo/Video Release Form** |  |

The \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ School District, along with the Washington State Department of Agriculture and the Washington School Nutrition Association (WSNA), are dedicated to serving healthy food and supporting teaching and learning in the State of Washington. This includes developing websites, publications, and informational materials. During Taste Washington Day and other Farm to School related events, there will be opportunities for people to be interviewed, photographed, and/or videotaped. The School District, WSDA Farm to School Program and WSNA would like to use these materials to publicize their work and to highlight Taste Washington Day and Farm to School activities.

In signing this release, I give \_\_\_\_\_\_\_\_\_\_\_\_\_School District, WSDA Farm to School, and WSNA the right to use, publish, display and/or reproduce any video/recorded voice/photographs in which \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may appear, without payment.

 Name of participant

I understand and agree that these materials will become the property of these groups and will not be returned. I also authorize these groups to edit, alter, copy, exhibit, publish, or distribute this video/recorded voice/photograph for educational purposes or any other lawful purpose.

\_\_\_\_\_\_ We/I give permission for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District, WSDA Farm to School, and WSNA to use likeness/voice of participant along with full name.

\_\_\_\_\_\_ We/I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District, WSDA Farm to School, and WSNA to use likeness/voice of participant along with first name *only*.

 \_\_\_\_\_\_ We/I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District, WSDA Farm to School, and WSNA to use likeness/voice of participant *only* without disclosing his/her name.

**I am 18 years of age and competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

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(Printed Name) (Date)

**If the participant is under age 18, there must be consent by a parent or guardian as follows:**

I hereby certify that I am the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

named above, and give my consent. Name of participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name) (Date)

**Contact information of Participant (or Participant’s Parent/Guardian)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address) (Phone Number/Email)