



Photo Release Authorization

I, _____, understand the photograph taken of me may
(Print your first and last name here)

appear in printed publications, on the Division of Agriculture website, Alaska Farm to School Facebook page, or all of the above. *If you would like to participate please sign and return this release authorization form.* I hereby grant permission to the Department of Natural Resources to use my photograph in conjunction with marketing, publicity, advertising, or educational material on behalf of the Division of Agriculture, Farm to School Program.

By signing below, I acknowledge that I will receive no compensation now or in the future for the use of my photographs.

Signature: _____ Date: _____

Name (please print): _____

Address: _____

If a person in this photograph is under the age of 18, parent or guardian should give consent as follows:

I certify that I am the parent or guardian of

(see name above) and give my consent on their behalf.

Signature of Parent or Guardian: _____ Date: _____

Name (please print): _____

Staff signature: _____ Date: _____