**VIDEO AND PHOTOGRAPHY CONSENT AND RELEASE FORM**

I irrevocably grant to **American Farm Bureau Federation®** and the **American Farm Bureau**

**Foundation for Agriculture®** (hereinafter together referred to as the Released Parties) and the Released Parties’ assigns, licensees and successors, the right to use, copyright, transmit, display, publish and record my image, name and/or voice in all forms and in all media, for all purposes.

Without limiting the foregoing, my image, name and/or voice may be copyrighted, used and/or published individually or in conjunction with other photography, video works and records, in any medium, including without limitation, print publications, public and private broadcasts and websites, for any lawful purpose, including without limitations, trade, exhibition, illustration, promotion, publicity, advertising and electronic publications of any/all types.

I waive any right that I may have to inspect or approve the Released Parties’ use of my image, name and/or voice in any medium that may be used in connection with the use and/or publication of my image, name and/or voice.

I release the Released Parties and their assigns, licensees and successors from any claims that may arise regarding the use of my image, name and/or voice, including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity or copyright.

**I have read this consent and release prior to the signing of this document. I am over the age of 18 and I am fully authorized to, and freely enter, into this consent and release contract on my own behalf, or, if applicable, on behalf of the minor identified below.**

Printed Name of Recorded Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Printed Name of Signatory:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Minor (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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