



Chelan/Douglas County

# Master Gardener Program

WASHINGTON STATE UNIVERSITY  
EXTENSION

## Photo Release Form

I hereby grant permission to Washington State University to use my photographic and/or video likeness taken during any WSU Extension Master Gardener event or anywhere I am a guest or client of the program by any means and without limit for education, demonstration, and promotional purposes. I further understand any picture or video sequence may be used in local newspapers, WSU brochures, publications, or websites and that my name and hometown may be revealed there or by descriptive text or commentary.

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Name (please print clearly)

Hometown

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Signature

Date

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Parent/Guardian signature (if subject is a minor)

Date



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