



CONSENT/RELEASE

United States Department of Agriculture

Animal and Plant Health Inspection Service

1400 Independence Avenue, SW Washington, DC 20250

I hereby consent to the royalty-free use by the United States Department of Agriculture (USDA) of photograph(s) taken of me by employees/representatives of USDA, and of any reproduction of the photograph(s) in any form, in any media, for any purpose in connection with USDA, world-wide, free and clear of any claim whatsoever on my part.

I also consent to the use with the photograph(s) of my name and any comments I may have made at the time of the photograph(s), including the editing thereof.

Furthermore, I understand that this consent includes consent to USDA to use the photograph(s), with or without my name and any comments, for educational, promotional, and outreach purposes, and to use alone or in conjunction with other types of material, including use on the Internet and other means of public display.

I hereby release the United States, its officers, and employees from liability for any violation of any right I may have in connection with the foregoing use.

I hereby waive any right of inspection or approval of the photograph(s) or of the use that may be made of the photograph(s), my name, and my comment(s).

I am of legal age.

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Please Print)

Name \_\_\_\_\_

Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

USDA Photographer contact:

Name \_\_\_\_\_

Telephone No. \_\_\_\_\_



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Agriculture

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Plant Health  
Inspection  
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Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please Print)  
Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

### CONSENT/RELEASE OF PARENT/LEGAL GUARDIAN

I am a/the parent/legal guardian of the minor who executed the foregoing Consent/Release. Acting both for myself individually and on behalf of said minor, I hereby consent to the execution of the foregoing Consent/Release by said minor and agree to the provisions thereof.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please Print)  
Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Relationship to the Minor \_\_\_\_\_

Address \_\_\_\_\_