



Photo Consent Form

\_\_\_\_\_  
Subject Name

\_\_\_\_\_  
Date

I understand that during the course of my participation in the Washington Youth Preparedness Initiative (MyPI Washington), I may be photographed during course delivery, skills illustration, etc.

I permit the Instructors and/or Administrators to photograph:

(circle one): (1) my image (2) my child's image (3) my employees' image

and use those photographs for educational and publicity purposes. I release Mississippi State University (MSU), the MSU Extension Service, the MSU School of Human Sciences, the Mississippi Office of Homeland Security, MyPI National, the National Institute for Food and Agriculture (NIFA), the Washington Youth Preparedness Initiative, Washington National Guard, Washington Citizen Corps/CERT program and the Washington Vet Corps from any claims that might arise from use of these photographs.

\_\_\_\_\_  
Signature of participant (if 18 or over)

\_\_\_\_\_  
Parent/Guardian (if participant is under 18)

*If participant is under 18, a parent or guardian must write the child's name as the subject and grant permission by signing on the appropriate line.*