Continuing Studies
UNIVERSITY OF WISCONSIN–MADISON

Continuing Studies
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Return completed form to **Instructor** or Joann Schrage at above address.

Photo/Video Release Form — Adult Groups

Program/Event Name: **Date:** **Instructor(s):**

By signing this form, you grant us permission to use your photo(s), video, digital recording, etc. on our website, in print, or in other promotional media designed for informational or educational purposes related to the UW-Madison Division of Continuing Studies. On occasion, we caption our photos in publications and may indicate participants.

Last Name	First Name	Phone #	Date	Signature	How will we recognize you in these photos? **

***** May we suggest you indicate an item such as garment color, hair color, do you have glasses etc.***

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