



Photo and Video Release Submit a copy of this signed release with the application.

The undersigned hereby authorizes the Ozaukee County Agricultural Society (OCAS), its agents, representatives or any bona fide news media to use any photograph(s) or other video depiction(s) of me for any purpose which, in the sole judgment of the OCAS, may further the goals of the OCAS or affiliated organizations. These purposes may involve print, broadcast or web-based advertising, media, or other public display or dissemination.

\_\_\_\_\_  
Name of person in photograph(s)

\_\_\_\_\_  
Signature/Name of person in photograph (consenting)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized signature  
(minor or incompetent subject)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date