



UNIVERSITY OF
ARKANSAS

Service Learning Initiative

Photo/Video Consent

I hereby grant permission to the University of Arkansas Service Learning Initiative to take photographs and videos of me and/or my child/dependent.

I understand that the photograph(s) and video(s) taken of me (or my dependent) are the property of the University of Arkansas and may be used for purposes such as marketing and promotional materials for the Service Learning Initiative.

Full Name

Relationship

Child's Name

Phone Number

Address

City

State

Zip

Signature

Date