



## VOLUNTEER AGREEMENT TO ASSIGN COPYRIGHT TO NC STATE UNIVERSITY

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## AUTHORIZATION FOR RELEASE OF MEDIA FOR EDUCATIONAL AND PUBLICITY PURPOSES

In consideration for being allowed to participate in this activity, I give permission to NC State and NC Cooperative Extension (collectively "NC State") to take and publish photographs, video, audio or other impressions of my image or voice. I understand that I will not be compensated for any audio, video, photograph or other likeness that may be used in this capacity.

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I expressly release NC State, its trustees, officers, employees, and agents and assigns from and any and all claims which I may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such photographs, video, or audio.

I have read the foregoing Copyright Assignment and Photo and Media Release, I fully understand the contents and I agree to be bound by it.  Participant Name:	
Signed:	Date:
I wish to become a participant in the North Carolina Extension Master Gardener Training Program, and would like to be accepted into the next class. I understand the applications will be screened to select the best candidates to assist with consumer horticulture education. If accepted, I agree to volunteer a minimum of 40 hours of service to the NC State Extension Master Gardener Volunteer program within one year following class completion. I understand that to continue as an Extension Master Gardener Volunteer there are annual recertification requirements including both volunteer service and continuing education. There is a fee to cover the initial training, administrative and program expenses.	
I agree to abide by all policies and procedures of Service.	North Carolina Cooperative Extension
I understand that North Carolina State University University commit themselves to positive action to race, color, creed, national origin, religion, sex, as addition, the two Universities welcome all person	to secure equal opportunity regardless of ge, veteran status or disability. In
I hereby certify that all of the entries on this appli Understand that any falsification of information h	<u>-</u>
Applicant Signature	Date
Return to: Clay Extension Center 25 Riverside Circle, #2	NC COOPERATIVE EXTENSION

Websites: http://www.macon.ces.ncsu.edu or http://www.ncstategardening.org/extension\_master\_gardener

N.C. A&T

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