

4-H Members Publicity Release
(Grades 4 - 12)

Parental Agreement and Photo Consent Form

STUDENT'S NAME _____ DATE _____

HOME ADDRESS _____ Phone # _____

This form must be completed before your child's picture and 4-H accomplishments can be utilized.

I, _____, authorize The University of Tennessee and/or the school to
(Parent's name)
photograph, film, audio/video tape, record and /or televise their image and voice, and
biographical material, in whole or in part in any medium (newspaper, web, etc.), now known or
developed in the future, without any restrictions. My child's name is _____
(Child's name)

Signed: _____ Date: _____
(Parent or guardian signature)

Signed: _____ Date: _____
(Members signature)

