

Mason County CloverBuds

First Name: _____ MI: _____ Last Name: _____

Age: _____ Birthdate: ___ / ___ / ___ Grade: _____ School: _____

Home Phone: _____ Work/Cell: _____

Address: _____
Street City State Zip

Parent/Guardian Name: _____ Relationship to 4-H'er _____

Authorization of Use

I, (print full name) _____ (*)hereby grant permission to the University of Kentucky and its affiliates and subsidiaries, including, but not limited to the College of Agriculture Extension and Agricultural Alumni Association, to interview, photograph and /or videotape me, or my minor child and/or to supervise any others who may do the interview, photography and/or videotaping, and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities for the following without compensation:

- ✓ University Educational Publications/Videos
- ✓ University Electronics Publishing (e.g. World Wide Web)
- ✓ University Promotion/Advertising
- ✓ Local/regional/national news media (w/ permission of the University of Kentucky)

Signature of Parent/Guardian: _____ Date: _____

*****Please read your cloverbud policy handout*****