

**MEDIA AND INFORMATION RELEASE**

 Return release to: Denise Phelps National 4-H Council

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**Name of person photographed, recorded, or interviewed (PLEASE PRINT) Age (if minor)**

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**Street address, city, state, and zip code**

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**Signature Date**

Consent of parent or legal guardian if above individual is a minor.

I consent and agree, individually and, as parent or legal guardian of the minor named above, to the foregoing terms and provisions. I hereby warrant that I am of full age and have every right to contract for the minor in the above regard. I state further that I have read the above information release and that I am fully familiar with the contents.

**Signature** **Relationship**

# Producer, writer, or photographer

**Assignment/Date**

**Location**