KENTUCKY STATE UNIVERSITY
Cooperative Extension Program 4-H Youth Development

PARENT/GUARDIAN AUTHORIZATION AND RELEASE

TO BE COMPLETED BY PROGRAM STAFF:

Program/Event Name: _____

Date:_____ County/Location: _____

Employee Name: _____ Program Area: _____

Participant Information

Participant Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

PHOTO AND MEDIA RELEASE

I hereby authorize Kentucky State University and its representatives to photograph, video record, and/or otherwise capture the likeness of my child for use in educational, promotional, and program-related materials, including print and digital formats.

I understand that:

- Participation is voluntary
- No compensation will be provided
- These materials may be used by Kentucky State University without restriction

☐ I GIVE permission
☐ I DO NOT GIVE permission

Parent/Guardian Initials: _____

FIELD TRIP/OFFSITE TRAVEL AUTHORIZATION IF APPLICABLE

I give permission for my child to participate in all program activities, including supervised field trips both on and off campus, and to travel with authorized program staff.

☐ I GIVE permission
☐ I DO NOT GIVE permission

Parent/Guardian Initials: _____