



Kanza Cooperative Association Youth Wheat Harvest Contest RELEASE FORM

Entrant's full name:

Age as of June 7th:

School:

Optional:

4-H Club:

Years of membership:

FFA Chapter:

Years of membership:

I hereby authorize Kanza Cooperative Association to reproduce and use Photographs taken by my child and entered into this contest. I further authorize them to use my child's name and above information along with Photos in publications, whether electronic or in print.

Parent or Guardian's Signature: _____