Texas 4-H Youth Development
2020-2021 Media/Photograph Release

PRAIRIE VIEW A&M UNIVERSITY
COLLEGE OF AGRICULTURE AND HUMAN SCIENCES
Cooperative Extension Program

TEXAS A&M AGRILIFE EXTENSION
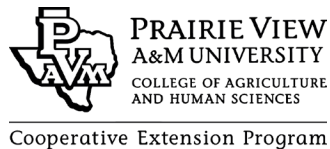
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_____
Date

_____
Member Signature

_____
Printed Name

_____
Street Address

_____
City/State/Zip Code

(If the person signing is under age 18, there should be consent by a parent or guardian, as follows:)

I hereby certify that I am the parent or guardian of _____, the minor named above, and do hereby give my consent without reservations to the foregoing on behalf of this person.

_____
Date

_____
Parent/Guardian Signature

_____
Parent/Guardian Printed Name