# 2019 Regional Youth Cattle Working Contest – Permission Form

I understand and am aware that my child will be participating in the Regional Youth Cattle Working Contest.

Child's Name (print): _____

Adult's Name (print): _____

Adult's Name (signature): _____

| Regional contest in which your child will compete. Indicate your Choice with an "X". | |
| --- | --- |
| March 27th, Central Virginia, Senterfitt/Virginia Livestock, Radiant, 1:30 PM | |
| March 29th, Southern Piedmont Southern Piedmont AREC, Blackstone, 10:00 AM | |
| March 30th, Southwest Virginia, Copenhaver Farms, Meadowview, 9:00 AM | |
| April 4th,Shenandoah Valley, Waynesboro Nursery, Lyndhurst, 9:00 AM and 12:00 noon | |
| April 13th, New River Valley, G & G Livestock, Fort Chiswell, 9:00 AM | |

## 4- H Participant Media Release

The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CALS) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the College of Agriculture and Life Sciences and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.

- ☐ I grant permission for any photograph, digital image, videotape, or other picture to be used for promotional purposes by Virginia Tech.
- ☐ I decline permission for any photograph, digital image, videotape, or other picture to be used for promotional purposes by Virginia Tech.
- ☐ My media release form is on file with the local Extension Office. (AGENTS – you must confirm by signing below – *no parent signature needed*)

_____          _____
*Parent Signature*                                                                            *Date*

_____
*Agent Signature –* **REQUIRED**, *if agent is verifying release is on file in local office.*

**Virginia Cooperative Extension**
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