



**Kanza Cooperative Association Youth Wheat Harvest Contest RELEASE FORM**

Entrant's full name: \_\_\_\_\_

Age as of June 1st: \_\_\_\_\_

School: \_\_\_\_\_

Youth Email Address: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Preferred Kanza location: \_\_\_\_\_

*(Where would you pick up your prized pack?)*

(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, school, FFA Chapter/4-H Club, and age, along with Photos in publications, whether electronic or in print.

Parent or Guardian's Signature: \_\_\_\_\_