**Dallas Youth Garden Polk County Family and Community Outreach**

PO Box 554 Dallas Oregon 97338 192 SW Academy Suite 220 Dallas OR 97338

**Media Release**

**(Please Print)**

I recognize and acknowledge that the Dallas Youth Garden and Polk County Family and Community Outreach may record my participation and appearance in Dallas Youth Garden on any recorded medium including, but not limited to video, audio, photos (collectively “recordings”) for use in any form (including, but not limited to print, websites, blogs, internet, social media). I authorize such recording and release that the Dallas Youth Garden and Polk County Family and Community Outreach to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose.

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Name (Print)

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Sign Date

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being the parent or legal guardian of the person named above, hereby certify

that I have carefully read the understandings and stipulations above. I hereby personally, and on behalf of the person

named above, accept and assent to his or her participation with the understandings and stipulations set out above,

including the consent to medical assistance and release from liability set forth therein.

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Signature of Parent/Guardian Date