

## Kansas State Fair

### 4-H Photography Project Release Form

*Once filled out, please slide this form behind the photo mount in unsealed, clear photography bag.*

**Photography:**

I give my permission for my work to be selected for Special Awards or used by The Kansas 4-H Foundation or State 4-H Office for reprint in their publications or advertising.

Yes  No

Signature: \_\_\_\_\_

**Please fill out the following information:**

4-H Member Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

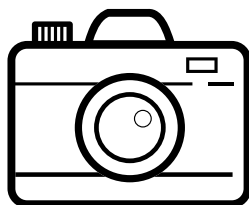
County/District: \_\_\_\_\_ Club Name: \_\_\_\_\_

KSF Photo Class #: \_\_\_\_\_

Photo Description: \_\_\_\_\_



*cut on dotted line and slide form behind photo mount in unsealed bag*



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City/State/Zip: \_\_\_\_\_

County/District: \_\_\_\_\_ Club Name: \_\_\_\_\_

KSF Photo Class #: \_\_\_\_\_

Photo Description: \_\_\_\_\_



# Kansas State Fair

## 4-H Visual Arts Project Release Form



*Please tape this form to the ENTRY TAG on the artwork.*

**Visual Arts:**

I give my permission for my work to be selected for Special Awards by Kansas 4-H or for display by the Kansas 4-H Foundation at Rock Springs Ranch.

Yes  No

Signature: \_\_\_\_\_

**Please fill out the following information:**

4-H Member Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County/District: \_\_\_\_\_ Club Name: \_\_\_\_\_

Dollar value for insurance coverage \$ \_\_\_\_\_ (amount must be listed)

*the amount should equal the cost to replace or reproduce the item should it be damaged or lost*

Project Description: \_\_\_\_\_



*cut on dotted line and tape to the ENTRY TAG on the artwork*



# Kansas State Fair

## 4-H Visual Arts Project Release Form



*Please tape this form to the ENTRY TAG on the artwork.*

**Visual Arts:**

I give my permission for my work to be selected for Special Awards by Kansas 4-H or for display by the Kansas 4-H Foundation at Rock Springs Ranch.

Yes  No

Signature: \_\_\_\_\_

**Please fill out the following information:**

4-H Member Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County/District: \_\_\_\_\_ Club Name: \_\_\_\_\_

Dollar value for insurance coverage \$ \_\_\_\_\_ (amount must be listed)

*the amount should equal the cost to replace or reproduce the item should it be damaged or lost*

Project Description: \_\_\_\_\_