

KANSAS ASSOCIATION OF CONSERVATION DISTRICTS PHOTO/PUBLICITY RELEASE

As the parent/legal guardian of the photographer (please print the name of the photographer) _____, I authorize the use of this image in printed or electronic form for any current and future educational and promotional programs by the Kansas Association of Conservation Districts (KACD) or its assignees. I recognize this image is the property of KACD and/or its assignees. Any individual appearing in this image is aware of this release, and that person(s), or, in the case of minor(s), a parent or a legal guardian of the minor(s) in the image, has signed the release.

I have read and understand the KACD Photo/Publicity Release.

Parent/Guardian Signature

Date

Print the name of photographer

Phone

Signature or Parent/Guardian Signature of Individual appearing in image

Print name of Individual

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