

UF/IFAS RANGE CATTLE REC YOUTH FIELD DAY - T-SHIRT DESIGN CONTEST RELEASE AND ENTRY FORM

Submit with your design.

Name: _____

County: _____

Age: _____

Mailing Address: _____

City/Zip: _____

Email Address: _____

Phone Number: _____

T-SHIRT DESIGN RELEASE STATEMENT: I do hereby consent and agree that the UF/IFAS Range Cattle REC Youth Field Day staff have permission to take photographs and/or record video and/or audio of me and/or my property to use these for educational, promotional, and/or marketing materials. I further do hereby give the right to exhibit any such works publicly or privately, including posting on the UF/IFAS Range Cattle REC website/social media. I waive any rights, claims, or interests I may have to control the use of my identity, the identity of my subjects(s), or likeness in the photographs, video, audio, or design(s) agree that any uses described herein may be made without compensation or additional consideration.

I represent that I have read and understand the foregoing statements and I am competent to execute this agreement.

Artist's Name (please print): _____

Signature: _____ Date: _____

If the individual is under the age of 18, consent below from the minor's legal parent or guardian is needed.

Parent or Guardian Release: I grant permission to the UF/IFAS Range Cattle REC and it's agents or employees, to use the design(s) submitted by my minor child on the date listed below for the publication in university publications such as brochures, promotional, newsletters, t-shirts, and magazines, and to use the design(s) without notifying me. I agree to waive and release any and all claims against UF/IFAS Range Cattle REC and its contractors and licensees relating to my child's likeness, the design and their uses and/or distribution of any version or media throughout the universe, including without limitation, any rights and claims relating to royalties or compensation, editing, alteration, copyright, distribution, misappropriation, libel, false light, rights of privacy and/or publicity.

Parent/Guardian name (please print): _____

Signature: _____ Date: _____

Submit the following by June 2 to ona@ifas.ufl.edu:

_____ This completed form

_____ A high-resolution jpg file or a pdf file of your design

You should receive confirmation of receipt within 2 business days, if not call (863) 735-1001.