

Name \_\_\_\_\_

County \_\_\_\_\_

## ADULT ACTIVITY AND EVENT ACCEPTANCE FORM Volunteer or Paid Staff Member

The purpose of this form is to give you an opportunity to provide information concerning your health in case of an emergency. You must complete sections I, II and IV. Section III is optional. If under age 18, you should complete Form 600A.

### I. IDENTIFICATION

Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Sex  Male  Female

Home Address \_\_\_\_\_  
Street/P.O. Box City State Zip

Emergency Contact \_\_\_\_\_  
Name

Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Street/P.O. Box City State Zip

Relationship \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

### II. PUBLICITY RELEASE

As indicated by the signature below, I authorize the University of Tennessee to photograph, film, audio/video record and/or televise my image and voice, and biographical material, in whole or in part in any medium now known or developed in the future, without any restrictions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Date received in 4-H Center or county office \_\_\_\_\_

