

RELEASE AUTHORIZATION

I understand that participants in this 4-H activity will not be permitted to leave with anyone other than the person(s) I have listed below.

Name(s): _____

Relationship to
4-H Member: _____

Signature of Person
Picking up the 4-H Member _____ **Date** _____

I give permission for the following person(s) to pick up my child at the end of this 4-H activity. _____

Signature of Parent/Guardian

RELEASE AUTHORIZATION

I understand that participants in this 4-H activity will not be permitted to leave with anyone other than the person(s) I have listed below.

Name(s): _____

Relationship to
4-H Member: _____

Signature of Person
Picking up the 4-H Member _____ **Date** _____

I give permission for the following person(s) to pick up my child at the end of this 4-H activity. _____

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