



Extension
F600-B

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 600-A.

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, Tennessee State University, and the Tennessee 4-H Foundation 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 _____

