



Cooperative Extension Service

Los Alamos County Extension Office
College of Agriculture and Home Economics
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Kitchen Creations Registration

(Complete one per participant)

Name: _____ Date: _____

Address: _____

Phone: (Home) _____ (Work or Cell) _____

E-Mail Address: _____

Do you have diabetes? _____ Yes
_____ No
_____ No, but a member of my family has diabetes

PHOTO RELEASE

Participants in New Mexico State University Extension Service program events are sometimes photographed and videotaped for use in NMSU promotional and educational materials.

- I authorize New Mexico State University to record and photograph my image and/or voice for use by New Mexico State University or its assignees in research, educational, and promotional programs. I understand and agree that these audio, video, film, digital, and/or print images may be edited, duplicated, distributed, reproduced, broadcast, used in electronic and web media, and/or reformatted in any form and manner without payment of fees, in perpetuity.
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| | | |
|------------------|---|-------|
| _____ | _____ | _____ |
| Participant Name | Signature | Date |
| (Please print) | (Parent or guardian must sign if subject is under age 18) | |