2026 Putnam County 4-H Cloverbud Day Camp Registration

All Boys & Girls completing K-2nd grade
May 30, 2026 | 9:00 AM – 12:00 PM
No cost to participate!

To register for 4-H Cloverbud Day Camp, please return the following by May 20, 2026

Use One Form Per Camper

NAME_____PHONE_____

ADDRESS_____
street city zip

PARENTS NAME_____

AGE (as of current year)_____ SCHOOL GRADE (completed)_____

Boy_____ Girl_____

4-H CLUB_____

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PLEASE CHECK THOSE THAT APPLY:

_____I am enrolled in the Putnam County 4-H Cloverbud Program.

_____I am a resident of Putnam County and **NOT** enrolled in the Putnam County 4-H Cloverbud Program

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Return Registration by May 20, 2026 to:

OSU Extension, Putnam County
1206 East Second Street
Ottawa, Ohio 45875
(419) 523-6294
faes-putnamextension@osu.edu

CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information: go.osu.edu/cfaesdiversity.

CFAES

Photo, Video Release and Authorization

My child, _____ plans to participate in Cloverbud Day Camp
programming through Ohio 4-H, taking place May 30, 2026 _____ (*insert da.* I acknowledge that during this programming, my child may have their image and or voice captured through photo, audio or video recording. For good and valuable consideration, the receipt of which is hereby acknowledged, I irrevocably consent to and authorize The Ohio State University, OSU Extension, Ohio 4-H, 4-H Camping Facility and its affiliates, agents, successors and assigns ("OSU") consent to use the videotape and photographs of my child, and recordings of his/her voice, conversations, sounds, name, image and likeness, captured during and in connection with my child's participation in Cloverbud Day Camp *(insert activity name)* in all types of media and for all lawful purposes.

I hereby grant all rights to OSU to use the results of such videotaping, photography and recording in perpetuity, throughout the world to: (1) reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose; and (2) grant others the right to reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose. I give permission to OSU Extension/ Ohio 4-H to publish, post or print in the newspaper, on a website, via social media channels/platforms, or other media methods, my child's name and/or image to celebrate and promote accomplishments they may achieve through participation in this program.

I further agree that OSU may use and permit others to use my child's name, voice, image, and likeness captured during this activity in any medium and in the promotion, advertising, sale, publicizing OSU and Ohio 4-H throughout the world, an unlimited number of times in perpetuity. I hereby waive any right of inspection or approval of the use of my child's voice, conversation, sounds, image and likeness. I acknowledge that OSU will rely on this grant of rights and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the rights granted hereunder.

I acknowledge and agree that this agreement is binding on all of my heirs and assigns.

Please select ONE option:

□ YES, I give permission to the photo, video release, and authorization.
□ No, I do not give permission to the photo, video release, and authorization.

_____ Date: _____
Authorizing Signature of Parent/Legal Guardian if Participant is under 18 years of age

Print Parent/Legal Guardian Name: _____

Print Full Name of Participant: _____

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