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# North American Intercollegiate Dairy Challenge – Southern Regional Hosted by Clemson University November 8 - 10, 2012 — Newberry, SC

Contest Information: Cathy Williams, Louisiana State University, [cwilliams@agcenter.lsu.edu](mailto:cwilliams@agcenter.lsu.edu); Steven Washburn NC State, [steven\\_washburn@ncsu.edu](mailto:steven_washburn@ncsu.edu)  
Host Coordinator: Jillian Fain, Clemson University, [jfain@clemson.edu](mailto:jfain@clemson.edu)  
Registration Information: Laura Herschleb, WDE Mgmt., PH: 608/224-0400, FX: 608/224-0300, [lherschleb@wdxpo.com](mailto:lherschleb@wdxpo.com)

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## Authorization for Personal Information Release

### Return to NAIDC by October 29, 2012

In consideration of the **North American Intercollegiate Dairy Challenge** requiring involvement in student and sponsor activities as part of the participation in the **North American Intercollegiate Dairy Challenge** activities, I, the undersigned, agree as follows:

#### Provide the Following Personal Information

Participant Name: \_\_\_\_\_

Campus Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

School: \_\_\_\_\_

Major: \_\_\_\_\_

Coach \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Career Goals (Industry & Position): \_\_\_\_\_

#### Parties Authorized to Have Access to Personal Information.

To accomplish our goals, **North American Intercollegiate Dairy Challenge** provides participant personal information to its sponsors, other participants and the national contest management committees. This information will be supplied at the contest event and will not be supplied to any other parties. In addition photos and news releases may be sent to the media (newspaper, radio, television and the internet) or used in informational brochures or videos by **North American Intercollegiate Dairy Challenge**.

**It is the right of the individual whether or not to consent  
to the use of his/her name and contact information, and/or photos.**

#### Authorization for Personal Information Release

I hereby authorize **North American Intercollegiate Dairy Challenge** to use my personal contact information for only the authorized parties listed above and/or any photos taken of me during the **North American Intercollegiate Dairy Challenge** activities.

\_\_\_\_\_  
*Participant (Signature)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Participant (Please Print Clearly)*

\_\_\_\_\_  
*Participant's School (Please Print Clearly)*