
**North American Intercollegiate Dairy Challenge, April 4 - 6 — Fort Wayne, Indiana
Hosted by Michigan State University, Ohio State University & Purdue University**

Host Coordinator Dr. Maurice Eastridge, eastridge.1@osu.edu

Registration Laura Herschleb, WDE Mgmt., PH: 608/224-0400, FX: 608/224-0300, lherschleb@wdexpo.com

Authorization for Personal Information Release
Return to NAIDC by March 8, 2013

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: _____

Current E-Mail: _____

Email After Graduation: _____

School: _____

Major: _____

Coach: _____

Expected Graduation Date: _____

Career Goals (Industry & Position): _____

For 2013 National Contest: The following information will be used for the Friday Evening Dinner/Sponsor Program.

- Following graduation, do you plan to (please select **one** answer):
 - Attend veterinary school or graduate school _____
 - Go home to farm _____
 - Work in industry _____
- If you selected Industry, which **one** sector is your preference:
 - Reproduction _____
 - Nutrition _____
 - Finance _____
 - Farm Management _____
 - Marketing _____

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)