## Oregon Season Tracker Participant Registration Form

Name(s):	non
Address:	
City/State/Zip:	Extension Service
Email:	County:
Additional Email:	Phone:
Check all that apply.	
I am a OSU volunteer:	I volunteer with:
Master Gardener	Watershed Council
Master Naturalist	Soil & Water Conservation District
Master Woodland Manager	Other
4-H Member/Leader	Other
Other OSU volunteer	
Description of my CoCoRaHS monitoring s Above address Other (address or location description) I am already a CoCoRaHS observer, my Setting: urban suburban rural	station number ranch itoring site:
Setting: urban suburban rural	
if rural:woodedfarm	
Do you own or manage property? woodlot/forest (how many acres?) farm/ranch (how many acres?)	
Can we use photos of you in training or vo activities? (please read OSU model release	clunteer situations to report or promote OST e form on back)
Yes No Signature	



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OSU Extension & Experiment Station Communications Model Release

I authorize Oregon State University and those acting pursuant to its authority to: (a) Record my image and voice on videotape, audiotape, film, photograph, or in any other medium; (b) Use my name, image, voice and biographical material in connection with any such recordings; (c) Publish, exhibit, adapt, exploit, reproduce, edit, modify, make derivative works from, distribute, display, or otherwise use or re-use such recordings in whole or part without restrictions or limitation for any educational, promotional, fundraising, informational, or public relations use which Oregon State University and those acting pursuant to its authority deem appropriate. I waive any right I might have to inspect and/or approve the finished recordings or the use to which they may be applied.

I represent that I am at least 18 years of age and that I have read the above and fully understand it and I am knowingly and voluntarily executing this consent without compensation to myself.

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