

2014 RELEASE AND CONSENT FORM

1) I give my permission for the child listed below to attend the Progressive Agriculture Safety Day™. I understand that one of the purposes of the Progressive Agriculture Safety Day™ is to teach participants to stay safe around farm sites, farm equipment, and farm animals. During the Safety Day, safety barriers will be in place, safety rules will be enforced, and participants will be closely supervised by safety day instructors and group leaders. However, I acknowledge that there is the possibility of accidents. I release the coordinators, instructors, volunteers, sponsors, Myrtue Medical Center, the Progressive Agriculture Foundation, and the Progressive Agriculture Safety Day™ program from all claims, in the event of injury to my child, unless the injury is the result of gross negligence or willful misconduct on the part of these parties.

2) First aid will be available at the safety day and medical and /or hospital care will be provided in case of serious illness or injury. I understand that if serious illness or injury occurs, the emergency contact(s) listed below will be notified. If it is impossible to reach the emergency contact(s), I give permission for emergency treatment as recommended by the attending physician.

3) I give my permission for photographs, audio, and video to be taken of my child while engaged in Safety Day activities and for these images to be used by the Progressive Agriculture Foundation and the Canadian Agricultural Safety Association to promote safety in the media, social media, on our websites, and in promotional materials. **I understand that** in the past representatives of the local media have been present during Safety Day activities and have taken photographs, audio and video of participants.

4) I understand that my child might be asked to complete a written knowledge test before and after the Safety Day to help evaluate the effectiveness of the Progressive Agriculture Safety Day™ program. Participation is voluntary, and my child may choose not to participate. I give permission for my child to participate in these evaluations.

I have read and agreed to the above information. NOTE: If you do not give permission for all or part of items 2, 3, 4, simply mark through and initial the statement(s) that you do not agree to. However, if you do not agree to item 1, your child cannot attend the Safety Day.

Parent/Guardian Signature _____ **Date** _____

Please print the following:

Name of Parent/Guardian _____

Name of Participant: _____

Participant's age: _____ Grade in School: _____ Participant is: Boy Girl

Any known allergies? No Yes, Please list _____

T-Shirt Size, Circle one: (Youth) M L (Adult) S M L XL

Address: _____

City _____ State _____ Zip Code _____

Phones: Home _____ Work _____ Cell _____

Family Physician: _____ Phone # _____

Emergency Contact 1 _____ Phone # _____

Emergency Contact 2 _____ Phone# _____

After the safety day, the following people have permission to pickup my child or send a note if walking home.

MAIL THIS FORM WITH PAYMENT TO EXTENSION OFFICE

**906 6TH ST
HARLAN IA 51537**