

Progressive Agriculture Safety Day™ 2006 Release and Consent Form II

- 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 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, 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, I will be notified. If it is impossible to contact me or the alternate emergency contact provided below, 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 in the media, on the Progressive Agriculture Safety Day™ Website, and in promotional materials related to farm safety.

I have read and agree to the above information. [Note: If you do not give permission for all or part of items 2 or 3, 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

Address _____

City _____ State/Province _____ Postal Code _____

Area Code _____ Phone Number _____

Alternate Emergency Contact _____

Area Code _____ Phone Number _____

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.

Parent/Guardian Signature _____ **Date** _____