

2023 Release and Consent Form

1) I give my permission for the child listed below to attend the Progressive Agriculture Safety Day®. The primary goal of the Progressive Agriculture Safety Day® is to teach participants to stay safe and healthy on farms, ranches, and throughout rural communities with a variety of age-appropriate lessons. During the Safety Day, safety will be a top priority with barriers will be in place to keep children a safe distance from demonstrations involving animals, equipment, etc. Safety rules will be addressed and enforced, and participants will be closely supervised by Safety Day instructors, group leaders, and other volunteers. However, I acknowledge that there is the possibility of incidents. 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 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 to promote safety in the media, social media, on websites, and in promotional materials.

4) I understand that my child might be asked to complete a written knowledge survey 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; however, I give permission for my child to participate.

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

Signature of Parent/Guardian _____ Date _____

<u>Name of Participant</u>	<u>Participant's age</u>	<u>Grade in school</u>	<u>Participant is:</u>
_____			<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Prefer not to answer
_____			<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Prefer not to answer
_____			<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Prefer not to answer
_____			<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Prefer not to answer

Is participant: ☐ White/Caucasian ☐ Black/African-American ☐ Native American/First Nation ☐ Hispanic
☐ Asian ☐ Pacific Islander/Native Hawaiian ☐ Mixed race ☐ Other ☐ Prefer not to answer

Does this participant: ☐ Live on a farm/ranch ☐ Work on a farm/ranch ☐ Visit a farm/ranch ☐ No Answer ☐ Not Applicable
 Address _____

City _____ State/Province _____ Postal Code _____

Phone Number _____ Email Address _____

Emergency Contact _____ Emergency Phone Number(s) _____

Please list any special needs for your child (dietary, mobility, behavioral, etc.):

Parent/Guardian attendants (required if child is 5 years or younger): I will be a group leader ☐ Yes ☐ No / I will be attending with my child ☐ Yes ☐ No

*During participation in the Progressive Agriculture Safety Day®, your child will take part in a variety of stations with hands-on activities and group demonstrations. These stations may be indoors and/or outdoors, **so we recommend dressing your child appropriately for weather conditions and wearing close-toe shoes.***