

AgDiscovery

PARENTAL RELEASE FORM

My child is in the custody of: ___ Both Parents ___ Mother Only ___ Father Only ___ Legal Guardian

Custodial Parent(s) Contact Information:

Name: _____

Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

I hereby grant permission for my child, whose name is _____ to apply for the U.S. Department of Agriculture, APHIS AgDiscovery 2025 program.

I certify that my child may participate in strenuous physical activities associated with the AgDiscovery Summer Program. I agree to defend, indemnify, and hold harmless USDA-APHIS and the selected university, its officers, servants, agents, and/or employees, contractors, and insurers from any and all claims for injuries sustained by my child during his/her participation in this program.

Permission is granted in the agreement for my child to receive emergency medical treatment, if needed, and I certify there are no limits to my child's participation in the AgDiscovery activities, except as stated in writing, and included with the medical history.

I understand and acknowledge that AgDiscovery does not offer any medical insurance to protect against injuries, makes no claims to do so, and has no responsibility for any medical expenses incurred. I understand that each participant must assume the risk and any related financial responsibility that could result from participation in any of these activities. I agree to assume any risk and financial responsibility.

I also understand and acknowledge that **Zero Tolerance** will be enforced for any acts of disobedience, or inappropriate conduct towards staff, other campers, or persons involved in the AgDiscovery program. This includes any form of disrespectful behavior or language, bullying, cyber-bullying, assaulting, fighting, use of profanity, making threats, sexual harassment, or offensive comments or expressions pertaining to religion, culture, race, ethnicity, or gender identity. **I further understand that any violation of the Zero Tolerance policy will result in**

my child's immediate dismissal from the AgDiscovery program at my expense. Further, I understand that if my child is dismissed, he/she will become ineligible to apply for any future AgDiscovery programs.

Additionally, I understand that USDA-APHIS assumes no liability for costs incurred by the families of AgDiscovery participants for travel or other expenses, in the event which unforeseen circumstances occur, including any acts of misconduct or inappropriate behavior, leading to my child's dismissal from participation in the AgDiscovery program.

I have received a copy of the Student Contract and have reviewed it with my child.

Parent/Legal Guardian's Signature: _____ **Date:** _____

AgDiscovery PARENTAL RELEASE FORM PICTURE AND VIDEO RELEASE STATEMENT

As parent/guardian of, _____ I fully understand the conditions stipulated above, and hereby give full consent to USDA-APHIS and the selected university to reproduce my child's picture and/or video in future promotional material. Permission is hereby granted to the U.S. Department of Agriculture and University to use pictures and video(s) of my child in any promotional materials, as well as to travel on field trips both in and out-of-state.

Parent/Legal Guardian's Signature: _____ **Date:** _____