



United States Department of Agriculture
 Animal and Plant Health Inspection Service
 Office of Civil Rights, Diversity, and Inclusion

AgDiscovery 2022

PARENTAL RELEASE FORM

I hereby grant permission for my child, whose name is _____ to apply for the U.S. Department of Agriculture, APHIS AgDiscovery 2022 program.

I certify that my child, _____, who is enrolled with this agreement, 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 further 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 I have reviewed it with my child.

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

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:** _____