

Specify any restrictions in activities: _____

Section V. Medical Treatment Authorization

I give a medical facility permission to treat the participant for minor injuries or medical problems prior to contacting me or the emergency contact. In the event of serious injury or illness to the participant, an attempt will be made to contact the parent or emergency contact prior to the administration of medical treatment. However, I authorize medical treatment, including but not limited to, transportation to a local medical facility, hospitalization, injections, anesthesia and surgery, in the event of a serious injury or illness to the participant and you are unable to reach me or the emergency contact.

Signature of Parent/Guardian of minor participant

Section VI. Release for Audio, Video, Film and Photographs

I authorize the National Association of County Agricultural Agents and Michigan State University to record and photograph the image and/or voice of my child for use by the National Association of County Agricultural Agents and Michigan State University and their assigns in research, educational and promotional programs without expectation of a fee, in perpetuity. I understand and agree that these audio, video, film and/or images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner.

Participant's name _____

Signature _____ Date _____
(Parent or guardian must sign here if subject is under age 18.)

Section VII. Authorization/Release

_____ has my permission to participate in the NACAA AM/PIC Sons and Daughters program and activities (with the exception of those restricted activities listed on this form). I understand participants will be supervised and will participate in the program and activities **AT THEIR OWN RISK**. I understand Michigan State University, the National Association of County Agricultural Agents and their respective officers, employees, agents, and volunteers are not responsible in the event of any loss, damage, death, injury or illness, or for the compounded injury or illness to the participant's present medical conditions listed above.

Signature of Parent/Guardian of minor participant

Date _____