

Code \_\_\_\_\_

## Progressive Agriculture Safety Day® 2018 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 on farms, ranches and at home with a variety of age-appropriate lessons. During the 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 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. I give permission for my child to participate in these evaluations.

01/14/2018

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.]

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Name of Participant \_\_\_\_\_

Participant's age \_\_\_\_\_ Grade in school \_\_\_\_\_ Participant is:  Boy  Girl

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Does this participant:  Live on a farm or ranch  Work on a farm or ranch  Visit a farm or ranch  N/A

Emergency Contact 1 \_\_\_\_\_ Emergency Phone Number(s) \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_



Friday, June 1<sup>st</sup>, 2018

8:15 am -2:15 pm

at Kimmel Orchard

For further information please email:  
Email farmsafetyday@gmail.com

Limit: First 100 Applicants

The Progressive Agriculture Safety Day is for students who will be entering 1<sup>st</sup> through 5<sup>th</sup> grades. It will be held on Friday, June 1<sup>st</sup>, from 8:15 to 2:15 pm. **Registration will be open from 7:45 to 8:15 a.m. Please do not bring children earlier than 7:45 a.m.**

This fun-filled day will include demonstrations/discussions of 8 sessions, a lunch program and a closing program. If you would like to be a volunteer please call one of the contacts listed below. All volunteers must be registered and sign a Code of Conduct form.

**Instructions:** Please fill in all blanks on the application form and medical release form and return it to farmsafetyday@gmail.com **Please note-the form allows you to sign up more than one child! Please fill out front and back!**

**Deadline: Applications must be submitted by April 27th.**

**During morning registration, parent/guardian must list name of person picking the participant up at the close of the day.**

**Fee:** A non-refundable fee of \$5 per child or \$10 per family includes, lunch, snacks, speakers, t-shirt, and freebies. Cash or checks are acceptable. Checks should be made to Kreifels Family Foundation. Fee can mailed with registration form to Jaclyn Kreifels at 6335 P Rd, Nebraska City NE 68410 with registration form.

Water Safety will be a big focus this year highlighting the importance of wearing proper life vests when on the water. This year each child attending Farm Safety Day in Nebraska City will be receiving a life jacket to take home. **Please do not tell your children prior to the day.** Your child must attend the full day in order to receive their life jacket. In order to ensure that your child receives a life jacket that fits them appropriately please list the weight of each child below.

Participant 1's Name:  
Weight:

Participant 2's Name:  
Weight:

## Progressive Agriculture Safety Day Registration Form

Participant's Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade entering in school \_\_\_\_\_

Is the child taking medication? \_\_\_ Yes \_\_\_ No      Boy or Girl

If yes please list the medication(s) \_\_\_\_\_

**Does this child have a history of any of the following:**

Heart condition    Yes No    Convulsions    Yes No    Diabetes    Yes No

Bee sting allergy    Yes No    Eye-ear infection    Yes No    Poison ivy    Yes No

Headaches    Yes No    Asthma    Yes No    Allergy to drug    Yes No

If yes, please explain \_\_\_\_\_

List any food allergy: \_\_\_\_\_

Any special needs/disabilities? \_\_\_\_\_

T-shirt size: Youth sm \_\_\_ med \_\_\_ large \_\_\_ Adult sm \_\_\_ med \_\_\_ large \_\_\_ XL \_\_\_ 2XL \_\_\_ 3XL \_\_\_

Participant's Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade entering in school (4) \_\_\_\_\_

Is the child taking medication? \_\_\_ Yes \_\_\_ No      Boy or Girl

If yes please list the medication(s) \_\_\_\_\_

**Does this child have a history of any of the following:**

Heart condition    Yes No    Convulsions    Yes No    Diabetes    Yes No

Bee sting allergy    Yes No    Eye-ear infection    Yes No    Poison ivy    Yes No

Headaches    Yes No    Asthma    Yes No    Allergy to drug    Yes No

If yes, please explain \_\_\_\_\_

List any food allergy: \_\_\_\_\_

Any special needs/disabilities? \_\_\_\_\_

T-shirt size: Youth sm \_\_\_ med \_\_\_ large \_\_\_ Adult sm \_\_\_ med \_\_\_ large \_\_\_ XL \_\_\_ 2XL \_\_\_ 3XL \_\_\_

**Don't forget to sign the Release and Consent To Provide Medical Care on the back.**