

CAREER FIELD TRIP SERIES REGISTRATION FORM (REGISTRATION DUE MAY 30TH)

Participant N Grade:	ame: Age:	School:
Primary Contantantantantantantantantantantantantan		
Please list an concerns:	y food or env	ironmental allergies and any medical

Waiver of participant by parent or guardian: I hereby agree to release, discharge, and hold harmless the Kendall Soil and Water Conservation District and their respective employees, directors, and presenting volunteers from any and all liability or damage that might occur during the participation of my minor child in the Kendall County Agriculture Career Field Trip Series. I understand that my child will be interacting with farms, machinery, farm animals, and food products while on the field trips. I grant permission to the Kendall County Agriculture Career Field Trip Series officials to utilize medical emergency services as deemed necessary to treat any injuries that my minor child might incur.

Photo Release: I understand for promotional and grant purposes, photographs of participants will be taken throughout the course of the field trips. I hereby release and permit Kendall County Agriculture Career Field Trip Series to utilize photography for said promotional purposes.

Signature:	Date:	
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