



UF IFAS Extension  
UNIVERSITY of FLORIDA



## Jackson County 4-H Progressive Agriculture Safety Day® Registration

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

Gender \_\_\_\_ Grade \_\_\_\_ Age \_\_\_\_

Address \_\_\_\_\_

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

Parent/Guardian Name \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_

Work Phone (    ) \_\_\_\_\_

Cell or Pager (    ) \_\_\_\_\_

My child is allergic to: \_\_\_\_\_

\_\_\_\_\_

**NOTE:** If you are sending more than one child to safety day, please complete a separate form for each child.

**Don't forget to complete and sign the Release and Consent Form on the back and return to:**

UF/IFAS Jackson County Extension  
4-H Office/Ag Safety Day  
2741 Penn Ave., S-3  
Marianna, FL 32448

*The Foundation for the Gator Nation*  
An Equal Opportunity Institution

## 2016 Progressive Agriculture Safety Day® Release and Consent Form

- 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 around farm sites, farm equipment, and farm animals. During the safety day safety rules will be enforced. I am responsible for my child's safety. 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) **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 in the media, on the Progressive Agriculture Safety Day® Website, and in promotional materials related to farm safety.
- \*I have read and agree to the above information.**

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

**\* If you do not give permission for all or part of items 2, or 3** 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 event.

- 3) **I understand that my child will be asked to complete a written knowledge test after the safety day to help evaluation the effectiveness of the program. Participation is voluntary and my child may choose not to participate. I give permission for my child to participate in these evaluations.**

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

### PLEASE PRINT THE FOLLOWING:

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

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

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

Address \_\_\_\_\_

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

Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_

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