

Kentucky Farm to School Junior Chef

Parental Permission and Release Form

This form must be completed by the parent/guardian of **each student** who wishes to participate in the KDA Farm to School Junior Chef Competition during the school year 2017. A completed form must be submitted by each team member along with their application and registration fee **by March 15, 2017.**

Participant Name: _____

School: _____ Grade: _____

Participant Address: _____

Participant Phone #: _____ Email: _____

Parent/Guardian Name: _____

Emergency Contact: _____
(Day Phone) (Evening Phone)

Kentucky Department of Agriculture Farm to School Program (KDA), sponsors, and all organizers of KDA Farm to School Junior Chef will exercise reasonable judgment and care in the planning and operation of the events. I understand and agree that the KDA, sponsors, and affiliated parties will not be liable for injuries resulting from accidents or unanticipated occurrences beyond their control. I also understand and accept that volunteers, including other parents, as well as other members of the community will be assisting in overseeing the KDA Farm to School Junior Chef Competition.

In case of illness or accident, I request the organizers of the event to contact me. If I cannot be reached or the emergency contact person cannot be reached at the phone numbers provided, I authorize the organizers of KDA Farm to School Junior Chef to seek emergency medical care or take other action they believe is necessary to protect the best interest of my child/ward. If my child/ward is taken for emergency medical treatment, I hereby authorize the attending physician to administer the emergency treatment s/he believes is appropriate, and I agree to pay any resulting expenses.

I have read the above form and my signature below demonstrates I have provided my consent for my child/ward to participate in the KDA Farm to School Junior Chef Competition.

Parent/Guardian Signature: _____ Date: _____

The KDA Farm to School Junior Chef Competition is a public event that will be covered by the media. By taking part in this event, I understand and consent that my child/ward may be videotaped, photographed, interviewed and/or included in written materials.

Parent/Guardian Signature: _____ Date: _____