

JUNIOR CHEF COMPETITION

Junior Chef

Parental/Guardian 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. A completed form must be submitted by each team member on or before **October 31st.** to Rebecca Shepherd-Smith at rebecca.shepherd-smith@ky.gov

Participant's Name: _____
School: _____ Grade: _____
Participant's Address: _____
Participant Phone #: _____ Email: _____
Parent Gardian Name (Print): _____
Emergency Contact: _____
Print Name Day Phone# Evening Phone #

The Kentucky Department of Agriculture (KDA), sponsors, and all organizers of the Farm to School Junior Chef will exercise reasonable judgment and care in the planning and operation of the events. I understand and agree 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 the 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 believed appropriate for my child/ward, and I agree to pay any resulting expenses.

I will provide a copy of medical payment information (copy of insurance card and I.D. to the Team Coach/Classroom Instructor) in the event my child should need medical attention.

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

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: _____

Team Coach: Please bring this form with **permission to treat release** and **medical payment information** (copy of insurance card and I.D.) should your student need medical attention.