

Ag-DISCOVERY PARENTAL RELEASE/CONSENT FORM

I certify that my child enrolled with this agreement is in excellent health and may participate in strenuous physical activities associated with the Ag-DISCOVERY Summer Enrichment Program. I agree to defend, indemnify, and hold harmless the USDA-APHIS and Alcorn State University's officers, servants, agents and/or employees, contractors and insurers from any and all claims for injuries sustained by my child during his/her participation in the program.

Permission is hereby granted to the Department of Agriculture/Alcorn State University to use pictures of my child in any promotional materials as well as to travel on field trips in- as well as out-of-state. Permission is granted in the agreement for my child to receive emergency medical treatment, if needed, and I certify there are no limits to my child's participation in the Ag-DISCOVERY activities except as stated in writing and included with the medical history.

I understand and acknowledge that Ag-DISCOVERY does not offer any medical insurance to protect against injuries; makes no claims to do so and has no responsibility for any medical expenses incurred. I understand that each participant must assume the risk and any related financial responsibility that could result from participation in any of these activities. I agree to assume such risks and such financial responsibility.

I have received a copy of the camp rules and guidelines and I have reviewed it with my child.

Date: _____

Signed: _____