

2018 ROE Agriculture Camp

PARENTAL CONSENT FORM AND WAIVER OF LIABILITY AGREEMENT

(A parent or guardian must complete this form.)

*This form must be completed and signed by a parent or guardian and returned before the first day of camp. Please complete and return to Regional Office of Education, 157 N. Main St., Suite 438, Edwardsville, IL 62025 (**or submit electronically**)*

I/We the undersigned Parent or Guardian's Printed Name's
parent(s) or guardian(s) of Camper's Name a minor participating in the
in the 2018 ROE Agriculture Camp, do hereby authorize the participation and attendance of the said minor
in the camp on the Madison County Farm Bureau campus, and all activities in connection therewith,
conducted under the auspices of the Madison County Regional Office of Education. I/We have been fully
and completely informed and advised regarding the nature and purpose of said camp and the activities
conducted therein. It is my/our full and free decision to allow said minor to participate in this summer
academic camp.

I/We certify that said minor is in good health and hereby authorize the directors of the camp to act for
me/us, according to their best judgment, in any emergency requiring medical attention. I/We understand
and agree that camp instructors, counselors, and staff may need to contact appropriate emergency medical
providers regarding said minor. I/We give consent for any medical treatment (i.e., diagnostic, therapeutic,
and surgical procedures) that such medical providers may deem necessary with the understanding that the
cost of any such treatment will be my/our responsibility. I/We understand that my/our consent will allow
procedures to be promptly carried out so that no unnecessary delays will occur with treatment. No
operation will be performed, **except in extreme emergency**, without me/us being contacted and fully
informed and consent obtained.

I/We also understand that the camp director/staff has the right to dismiss said minor from the camp and
send him/her home without refund for damaging property, inappropriate behavior, or misconduct, and that
I/we may be billed for damages to school property, lost property, or other replacement costs resulting
from theft or damage to property.

I/We agree to allow photographs of said minor taken by the camp director/staff during the course of the
camp to be used in camp publicity, including display boards, booklets, brochures, and online.

In consideration of the ROE accepting and permitting said minor into this academic summer camp, I/we
do hereby, for myself, my family and anyone entitled to act on my behalf, release and discharge the
Madison County Regional Office of Education, Madison County Farm Bureau, Madison County CAREE,
Cargill, all sponsor Board of Trustees, the County of Madison, and the State of Illinois, employees, and
agents from any and all claims or causes of action, in the absence of gross negligence, that may arise
during or as a result of said minor's attendance and participation in this summer academic camp.

My/our signature(s) on this Parental Consent Form and Waiver of Liability Agreement signifies my/our
understanding and acceptance of the terms and conditions set forth therein.

Printed Name(s) Relationship

Signature(s) Date