



Georgia Foundation for Agriculture and Georgia Farm Bureau

CONSENT AND RELEASE

As a parent or guardian of the child specified below ("my child"), I allow my child to participate in the Georgia Ag Experience, and agree to hold the Georgia Foundation for Agriculture, Georgia Farm Bureau, and their agents, volunteers, and employees harmless for any injury, illness, or property damage resulting from my child visiting and/or using the mobile Ag classroom.

| Troth Thy child visiting and/or asing the mobile /1g classroom. |
|---|
| CHILD'S NAME (Please Print) |
| PARENT/GUARDIAN FULL NAME (Please Print) |
| PARENT/GUARDIAN SIGNATURE |
| DATE |
| OPTIONAL PHOTO RELEASE: |
| In addition, as a parent or guardian of the child specified below ("my child"), I give permission for |
| YES, I give my permission. |
| NO, I do NOT give my permission. |
| CHILD'S NAME (Please Print) |
| PARENT/GUARDIAN FULL NAME (Please Print) |
| PARENT/GUARDIAN SIGNATURE |
| DATE |
| |