

**William P. Ridley 4-H Center
Explore w/Ridley f2f
Permission Form**

Students Name _____

Date _____

Home Address _____

Cell Phone _____

Cell Phone _____

Form must be completed, and signed by the parent or legal guardian for each child who participates in any program at the William P. Ridley 4-H Center.

I _____ give permission for my child _____
(Parent/guardian) (Child's name)

to participate in the Explore w/Ridley f2f program at the William P. Ridley 4-H Center in Columbia, Tennessee.

Date of Program _____

I hereby release The University of Tennessee Agricultural Extension Service and volunteer chaperones from any financial responsibility due to sickness or accidents that may occur during or as a result of this activity. To insure prompt attention in case of serious sickness or accident, I hereby authorize the persons responsible to incur expenses considered necessary and agree to pay for the same, if they are not covered by my insurance policy. Should the need arise; I give permission for my child to be taken to a doctor or hospital for medical treatment. I understand that I am responsible for transporting my child in the case of a medical or discipline problem if the coordinating teacher deems it necessary for my child to return home.

I understand that The University of Tennessee does not provide accident insurance coverage for participants in the Ridley Education programs at the Ridley 4-H Center. I understand that The University of Tennessee strongly recommends accident insurance coverage be provided for my child by my personal policy.

****Please, list all allergies and /or medical conditions/procedures that we need to be aware of for your child.***

Publicity Release

As indicated by the signatures on this form, I authorize The University of Tennessee to photograph, film, audio/video tape, record and/or televise my child's image and voice, and biographical material, in whole or in part in any medium now known or developed in the future, without any restrictions.

Yes ____ I hereby grant permission for my child to be a part of a Publicity Release for the Ridley Outdoor Science program.

No ____ I do not grant permission for my child to be a part of a Publicity Release for the Ridley Outdoor Science program.

Parent/Guardian Signature _____

Date _____