



CONSENT AND RELEASE

1. I am the parent/legal guardian of the minor who is named below as the Participant (“Participant”).
2. I give my permission for the Participant to attend and fully participate in the Noble Research Institute’s Junior Beef Excellence Program (the “Program”). During the Program, Noble Research Institute employees will be on site to supervise the delivery and receipt of cattle from the Participant; all standard safety rules will be enforced. However, I also acknowledge that the potential exists for physical accidents to occur. On behalf of the Participant and myself as parent/legal guardian of the Participant, I hereby release the Noble Research Institute, their employees, officers, directors, agents, successors and assigns (“Released Parties”) from all claims, in the event of injury to the Participant as a consequence of his/her participation in the Program, unless the injury results directly from the gross negligence or willful misconduct of the Released Parties, individually or collectively.
3. I understand that first aid will be available during those portions of the Program that directly involves the Participant, and medical and/or hospital care will be made available in case of serious illness or injury. I understand that if serious illness or injury occurs, the emergency contact listed below will be notified. If it is impossible to reach the emergency contact, I give permission for emergency treatment as recommended by the attending physician.
4. I give my permission for photographs, audio, and video to be taken of the Participant while engaged in the Program and for these images to be used by the Noble Research Institute to promote its educational programs and overall mission, whether on its website, in promotional materials or using other means of communication. I understand that representatives of the local media may be present during the Noble Research Institute’s educational activities and may take photographs, audio and video of participants. I consent to the media’s use of any such photos, audio and/or video.

I have read and agree to the above information. Note: If you do not give permission for all or part of the terms listed above simply mark through and initial the statement(s) that you do not agree to. However, if you do not agree any portion of paragraph 2, the Participant will not be permitted to participate in the Program.

Parent/Legal Guardian Signature _____ Date _____

Please print the following:

Name of Parent/Guardian _____

Name of Participant _____

Participant’s age _____ Grade in school _____ Participant is: Male Female

Participant’s Address _____

City/State _____ Zip Code _____

Emergency Contact _____

Emergency Phone Number(s) _____