## **Consent and Release Form**

Texas Farm Bureau Student Success Series – Thrive

Student Name:	
County:	
Please fill out this form and complete all necess by email: <a href="mailto:youthactivities@txfb.org">youthactivities@txfb.org</a>	sary signatures. Return a copy of this form to Texas Farm Bureau
•	<del></del> •
program (the "Event"). I understand that the I understand that injury or illness to my child is ouse of photographs or other likenesses of my Event and release Texas Farm Bureau (the "Coany such photographs or other likenesses. I give if necessary for emergency medical care, and my expense.	attend the Texas Farm Bureau Student Success Series Thrive Event is in-person and will involve travel and in-person meetings. I an inherent risk of travel and in-person meetings. I consent to the child in all media for purposes of publicity and promotion of the mpany") for liability related to its use, alteration or republication of e permission for my child to be treated at a local medical facility, at I understand that the cost of any medical treatment will be at
the 2019 novel coronavirus disease (COVID- exposed to or contract Diseases by engaging disability, and/or death. I acknowledge that omissions, or negligence of Company employed operations of the Company. I understand that infected with the Diseases or other illnesses due may increase my child's risk of contracting I	bacterial, fungal, and viral diseases, including but not limited to 9) (collectively, "Diseases") and the risk that my child may be g in the Event, which may result in serious illness, personal injury, these risks may result from or be compounded by the actions, sees or others, including negligent emergency response or rescue the Company cannot guarantee that my child will not become to my participation in the Event and that engaging in the Event Diseases. Notwithstanding these risks, I acknowledge that I am the Event with knowledge of the dangers involved.
EVENT, I, ON MY BEHALF AND ON BEHALF OF HARMLESS TEXAS FARM BUREAU, ITS AFFILIATES AND OTHER REPRESENTATIVES ("RELEASEES") CHARGES, EXPENSES, LIABILITIES, AND/OR DAN FEES) OF ANY KIND AND NATURE WHATSOI CONNECTION WITH MY CHILD'S PARTICIPATIC MEETINGS AND TRAVEL INCIDENT THERETO, INC	DED TO MY CHILD BY TEXAS FARM BUREAU TO PARTICIPATE IN THE MY CHILD, HEREBY AGREE TO RELEASE, INDEMNIFY, AND HOLD, AND ITS AND THEIR OFFICERS, DIRECTORS, AGENTS, EMPLOYEES, FROM AND AGAINST ANY AND ALL LOSSES, CLAIMS, COSTS, MAGES (INCLUDING REASONABLE LEGAL COSTS AND ATTORNEYS' EVER ("LIABILITY") RESULTING FROM, ARISING OUT OF, OR IN ON IN THE EVENT, INCLUDING BUT NOT LIMITED TO IN-PERSON LUDING BUT NOT LIMITED TO LIABILITY ARISING FROM THE PARTIAL SLIGENCE OF ANY RELEASEE, EXCEPT, WITH RESPECT TO ANY ESUCH RELEASEE.
I hereby declare that the terms of this Conse understood and voluntarily accepted.	nt and Release Form have been completely read and are fully
Parent's / Legal Guardian's Signature	
Date	
-	nt and Release and agree to abide by the general rules of Event, including any written or oral instructions given to me by ility.
Student's Signature	

<u>All Signatures Required</u>. Unsigned applications will be returned to the parent/guardian and the student is not considered registered until returned with all required signatures.