

HEALTH RELEASE FORM

Complete and return the first day of class June 16.

In the unlikely event that you would need medical treatment during the Summer Ag Institute Class, please complete the following:

Name _____

Health Insurance Carrier _____

Health Insurance ID # _____

Health Insurance Phone Number _____

Emergency Contact Person and Phone Number _____

Medications currently being used _____

Past Health Conditions _____

Present Health Conditions _____

Allergies _____

Note: We could experience extreme heat in our field experiences. Hats are recommended. Water is available to avoid dehydration.

PHOTO RELEASE FORM

Complete and return the first day of class June 16

I hereby authorize Lake County Farm Bureau/McHenry County Farm Bureau to publish photographs and/or video taken of me during the Summer Ag. Institute program, and my name and likeness, for use in the Company's print, online and video-based marketing materials, as well as other Company publications.

I hereby release and hold harmless Lake County Farm Bureau/McHenry County Farm Bureau from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Lake County Farm Bureau/McHenry County Farm Bureau, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Authorization:

Printed Name: _____

Signature: _____

Date: _____