



## Send registration form & make check payable to:

Whiteside County
Farm Bureau Foundation
100 East Knox Street
Morrison, IL 61270

## **REGISTRATION FORM**

Questions? Contact Matt at the Whiteside County Farm Bureau; (815) 772-2165 or matt.wcfb@frontiernet.net

		Parent's Name		
Mailing Address			City / State / Zip Code	
		Primary Email		
Home Phone		Work Phone	Cell Phone	
None none				
Camp Information		Child's Information		
Attendance: Farm Camp is open to kids entering 1st		Name:		
grade through entering 5th grade. A m kids per camp will be allowed.	=	Gender: M or F (circ	cle one) Date of Birth: / /	
		Emergency Contact:		
<ul> <li>Registration Fee: Submit prior to camp.</li> <li>\$15 per child payable when registering one child</li> <li>\$10 per child when registering more than one sibling</li> </ul>			Other than parent/guardian	
		Relationship to Child:		
• <u>\$10</u> per child when registering more	than one sibling	Relationship to Child:		
• <u>\$10</u> per child when registering more <b>Registration Deadline:</b> The deadline to week prior to the start of each camp.	_	Relationship to Child:  Medical information/allergie	s we need to be aware of:	
Registration Deadline: The deadline to	o register is one	·	es we need to be aware of:	
<b>Registration Deadline:</b> The deadline to week prior to the start of each camp.	o register is one	·	es we need to be aware of:	
Registration Deadline: The deadline to week prior to the start of each camp.  My child(ren) will attend the following  Erie Public Library	o register is one	Medical information/allergie	es we need to be aware of:	
Registration Deadline: The deadline to week prior to the start of each camp.  My child(ren) will attend the following  Erie Public Library 802 8th Ave, Erie Woodlawn Arts Academy	g camp:  June 13-17	Medical information/allergie  Child's Information  Name:	cle one) Date of Birth: / /	
Registration Deadline: The deadline to week prior to the start of each camp.  My child(ren) will attend the following  Erie Public Library 802 8th Ave, Erie  Woodlawn Arts Academy Call (815) 626-4278 to register  Odell Public Library	g camp:  June 13-17  June 20-24	Medical information/allergie  Child's Information  Name:	cle one) Date of Birth: / /	
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## PLEASE READ CAREFULLY. THIS LEGAL DOCUMENT AFFECTS YOUR RIGHTS.

In consideration of myself and/or my child being permitted to participate in the <u>Farm Camp</u> (the "Event"), and in full recognition and appreciation of the dangers and risks inherent in such participation, I freely and voluntarily execute this Release of Liability ("Release") under the following terms:

**Assumption of the Risk**. I understand that participation in the Event is voluntary and involves activities that may be hazardous and may cause physical injury, permanent disability or death. I expressly and specifically assume responsibility for all known or unknown risks of injury or harm related to such participation.

Release and Waiver. I, personally and on behalf of my below named child, heirs, assigns, executors and administrators (and for any other party who may claim under or through me), release, discharge, and hold harmless the Whiteside County Farm Bureau Foundation and their agents, employees, officers, directors, members, successors, assigns, and affiliate organizations, including without limitation parents and subsidiaries, (collectively the "Released Parties") from all liability, claims, actions, and demands which may arise from or relate to participation in the Event. I understand I am discharging the Released Parties from any liability or claim that may exist against them with respect to any injury, illness, death, or property damage that may result from participation in the Event, whether caused by the negligence of the Released Parties or otherwise.

**Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Illinois. I agree that in the event any part of this Release is held to be invalid by any court of competent jurisdiction, such invalidity shall not otherwise affect the remaining parts of this Release which shall continue to be enforceable.

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I have read and understand this entire Release, and I agree to be legally bound by it.
Signature of Parent or Legal Guardian

MEDIA	RELEASI
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I, \_\_\_\_\_\_\_("Subject"), for good and valuable consideration, authorize Whiteside County Farm Bureau and its affiliates, employees, officers, agents and assigns ("CFB"), to photograph, record, use, reproduce, modify, distribute and publicly exhibit photographs, video, audio and other recording media, containing Subject's name, image, likeness, and/or image of Subject's real or personal property, in whole or in part, without restriction (the "Rights"). All such materials containing the Rights are and shall remain the sole property of CFB and CFB may copyright such materials in its name. Subject further authorizes and grants CFB permission to use the Rights with any other materials as CFB may deem appropriate.

Without limiting the foregoing provisions, Subject hereby grants the above Rights without claim to further compensation of any kind and hereby assign all right, title and interest in the Rights, and to exhibit, distribute, transmit and/or otherwise exploit any and all such reproductions containing the Rights, or any component elements thereof, arranged, copyedited and/or reproduced as CFB sees fit, in any and all media now or hereafter known, and the right to use the Rights, or any component elements thereof, in any connection with any of the foregoing. The Rights granted by Subject hereunder shall inure in perpetuity. Subject understands and agrees that CFB need not identify or credit Subject. Subject waives any right to inspect or approve the finished product or the use to which the Rights may be applied and releases and discharges CFB from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise.

The terms contained herein constitute the entire agreement between Subject and CFB with respect to this matter, supersede all other oral and written representations, understandings or agreements relating to this engagement, including any prior release and waiver entered into between Subject and CFB and may not be amended except by written agreement signed by the parties. This agreement shall be constructed and controlled by the laws of the State of Illinois, and Subject consents to the exclusive jurisdiction by the state and federal courts in the State of Illinois.

Subject understands CFB is conducting its activities in express reliance upon the foregoing, and Subject represents and agrees that Subject is free to grant the Rights granted to CFB hereunder.

Subject understands that Subject's participation is contingent, in part, on granting of this Media Release. Subject understands that the terms contained herein are contractual and not a mere recital.

If Subject is a minor, the additional undersigned certifies that he/she is the parent and/or legal guardian of Subject and has the legal authority to execute this Media Release and hereby grants to CFB the Rights set forth above. If there is no additional signature, Subject represents and warrants that Subject has the legal authority to execute this Media Release.

s that Subject has the legal authority to execute t	his Media Release.	<b>0</b> ,,,
Name of Parent or Legal Guardian (print)	Signature of Parent or Legal Guardian	Date