

**William P. Ridley 4-H Center  
Ridley Science Kids Permission Form**

Students Name \_\_\_\_\_

Date \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_

**This form must be completed and signed by the parent or legal guardian for each child who participates in the Science Kids program at the William P. Ridley 4-H Center.**I \_\_\_\_\_ give permission for my child \_\_\_\_\_  
(Parent/guardian) (Child's name)

to participate in the \_\_\_\_\_ (year) Ridley Science Kids program at the William P. Ridley 4-H Center in Columbia, Tennessee on Jan. \_\_\_\_\_ - March \_\_\_\_\_ (dates) as an extension of his/her classroom curriculum.

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 Science Kids program 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.

A copy of our insurance card is attached. (Front &amp; Back) Yes \_\_\_\_\_ No \_\_\_\_\_

**\*Also please list all allergies and /or medical procedures that we need to be aware of for your child.****Publicity Release**

As indicated by the signatures on this form, Ridley Science Kids authorize The University of Tennessee to photograph, film, audio/video tape, record and/or televise their 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 Science Kids program.**No** \_\_\_\_ I do not grant permission for my child to be a part of a Publicity Release for the Ridley Science Kids program.**Parent/Guardian Signature** \_\_\_\_\_**Date** \_\_\_\_\_