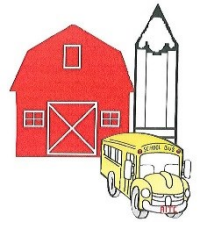




**Cook County Farm Bureau® Foundation presents**  
**Journey to the Farm Summer Camp 2018**  
**June 11-13, 2018 9:00 am-11:30 am**  
**Registration Fee \$30 for 3-day program**  
*\$20.00 for members of the Cook County Farm Bureau*



*Our mission is to serve all our members of the Cook County Farm Bureau® with meaningful and beneficial programs that reflect our agricultural heritage.*

**Registration Form**

1. Each camper needs registration form and waiver.
2. For students entering 3-5 grade fall 2018
3. **Any residents of Cook County are eligible.**
4. Registration will not be confirmed until payment, registration form, and waiver are received.
5. **Payment should be mailed to: Cook County Farm Bureau Foundation® 6438 Joliet Road Countryside, IL 60525**

**Questions: Call 708-354-3276 or email [aitc2@cookcfb.org](mailto:aitc2@cookcfb.org)**

Camper's Name:	
Address:	
City, State & ZIP	
Grade in Fall 2018:	
Age:	
Parent/Guardian:	
Cell Telephone:	
Emergency Telephone (week of camp)	
Email: For Registration Confirmation	
Are you a Cook County Farm Bureau® Member?	<input type="checkbox"/> yes, member # _____ <input type="checkbox"/> No

**Camp will be held at: Kopping Farm**  
**12300 115<sup>th</sup> St**  
**Lemont, IL 60439**

*\*If child is known to have any allergy related to farm animals, plants or crops, we do not recommend this program as activities provided are in direct contact with these items.*

**See attached waivers**

For Office Use:

Paid:				
Form of Payment:	Check#:	Credit Card:	Exp:	Visa/MC /Discover
Date:				
Waiver Received:				

**Release of Liability**  
**Cook County Farm Bureau Passport to the Farm Summer Camp Program**

PLEASE READ CAREFULLY. THIS LEGAL DOCUMENT AFFECTS YOUR RIGHTS.

In consideration of myself and/or my child being permitted to participate in the Cook County Farm Bureau's Journey to the Farm Summer Camp (the "Program"), 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 Program 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 Cook County Farm Bureau and Kopping Farm 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 Program. 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 Program, 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.

I have read and understand this entire Release, and I agree to be legally bound by it.

**If participant is a minor:**

AS LEGAL GUARDIAN OF \_\_\_\_\_, age \_\_\_\_, I agree, individually and on behalf of my child or ward, to the above terms.

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_ Print Name: \_\_\_\_\_

**AUTHORIZATION & PHOTO RELEASE**

I/We understand that by participation in this program, activity, seminar, workshop, tour, event, etc. the name, photograph/video or other image, quotes attributed to the participant(s) listed below, and other information pertaining to the participant may be used by the Cook County Farm Bureau® for publicity purposes. These publicity purposes may be in the form of brochures, websites, videos, social media, news releases or other forms of media. We hereby authorize the Cook County Farm Bureau® to use the name, publish the photograph or other likeness, and use quotes attributed to the participant and other information pertaining to the participant. We, for ourselves, our heirs, assigns, and legal representatives, expressly release and discharge the Cook County Farm Bureau, all of its affiliated organizations, its directors, officers, employees, and agents from any and all claims, known or unknown, arising out of or in any way connected with the uses described above.

Participant/ Parent(s)/Guardian:

\_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Print \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Print \_\_\_\_\_

Print Names of Participant Minors Below: