COOK COUNTY AG IN THE CLASSROOM
2021 SUMMER ACADEMY
"ENERGIZE YOUR CURRICULUM WITH AGRICULTURE"
JUNE 21-23, 2021

Name (F/L) _____ **Preferred Name**: _____

Grade and Subject Taught: _____

School/City: _____ **District #** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____ **County** _____

Cell Phone # _____ **Home E-mail:** _____

I will be taking the course for:
☐ Continuing Education Credits (PDCH) IEIN _____

Emergency contact information:

Name: _____ Phone: _____ Relationship: _____

Are you a Farm Bureau Member? ☐ Yes: Member # _____ ☐ No
Join the Cook County Farm Bureau ($20/year) and save $30 on your registration

COST

$100 for non-members and $70 for members.

Payment due upon registration call 708-354-3276 to pay via credit card

PLEASE RETURN REGISTRATION AND PAYMENT TO:
COOK COUNTY FARM BUREAU FOUNDATION®
Attn: Diane Merrion
6438 JOLIET ROAD
COUNTRYSIDE, IL 60525
(708) 354-3276
Or scan and email to: aitc2@cookcfb.org

1. Indicate your interest in Agriculture and any experience you have had.

2. Why do you think it may be important to integrate agriculture into your curriculum?

3. How have you previously integrated agriculture into your curriculum? Explain.

4. How many years of teaching experience do you have, and grades/subjects taught?

5. What topic(s) would you like addressed as part of this course?

6. Indicate any allergies:

Release of Liability & Photo Release
Cook County Farm Bureau Foundation Summer Ag Institute

PLEASE READ CAREFULLY. THIS LEGAL DOCUMENT AFFECTS YOUR RIGHTS.

In consideration of myself being permitted to participate in the Cook County Farm Bureau Foundation's SAI (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 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 Foundation, any businesses visited 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 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® Foundation 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® Foundation 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® Foundation, all of it 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:

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

_____ _____ Date_____

Signature Print