

Nebraska Vocational Agriculture Foundation/The Leadership Center
Medical Release Form

I, _____ of _____,
Parent/Guardian Name Address City, State ZIP
am the _____ of _____, Born _____.
Relation Participant's Name Month/Day/Year

I hereby give my consent, in the event all reasonable attempts to contact me have been unsuccessful, for immediate medical treatment as required in the judgement of the attending physician while _____ is absent from home from _____
to _____. *Participant Beginning Date Ending Date*

Parent/Guardian Contact Information

Name	Home Number	Work Number	Mobile
Guardian 1: _____			
Guardian 2: _____			

Emergency Contacts (If a parent/guardian cannot be reached)

Name	Home Number	Work Number	Mobile
Guardian 1: _____			
Guardian 2: _____			

Medical Provider Information

Physician	Dentist
Name: _____	
Practice Name: _____	
Address: _____	
City/State/Zip: _____	
Work Phone: _____	
Home Phone: _____	
Medical Insurance Company: _____	
Policy Number: _____	
Name of Insured: _____	

The following information is needed by any hospital or practitioner not having access to medical history;

Allergies _____ Date of last tetanus shot _____
Medication being taken _____
Physical Impairments _____
Other pertinent facts to which physician should be alerted _____

In a medical emergency, I consent to the Nebraska Vocational Agricultural Foundation/The Leadership Center or appointed agents, his/her or their discretion in using, taking, arranging for or consenting to the procedures or treatment. I agree to indemnify and hold harmless the Nebraska Vocational Agricultural Foundation/The Leadership Center to indemnify members, agents, employees and representatives thereof, for any and all claims, arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards. I assume the total financial responsibility for the above-named member and will not hold the Nebraska Vocational Agricultural Foundation/The Leadership Center responsible in the event of medical emergency.

Printed Name

Signature

Date

Dietary Needs Form

Should attendee have any special dietary requirements during their time at D4LC: Explore Conference, please fill out the following form. These will be shared with our Kitchen Manager to ensure the attendee's needs are met. Thank you.

1. Do you have any special dietary needs we need to be aware of: _____Y _____N
**If no, no further information is needed.*

2. Please check options that apply to you
If Vegetarian, please specify: _____Vegetarian _____Vegan
____Eggs ok _____Fish ok _____Dairy ok _____Veggies only

3. Please check the following item which you prefer.

_____Peppers	_____Beans	_____Tofu	_____Tomatoes
_____Avocado	_____Nut Milk	_____Onion	_____Squash
_____Soy Milk	_____Garlic	_____Zucchini	_____Pasta
_____Coconut Milk	_____Broccoli	_____Cabbage	_____Cauliflower
_____Carrots	_____Brussel Sprouts		
_____Corn	_____Rice		

4. Please check items which are an issue.

_____Lactose Intolerant	_____Gluten Intolerant	_____Tree Nuts/Nuts
_____Colitis	_____Diabetic	_____Other- list below

5. Please list an food allergies: _____

6. If there is any further information you feel the Chef needs to know for meal planning or preparation, please make note of it here. _____

Name: _____

D4LC Program and Date: _____

Contact if Kitchen manager has questions: _____

Conduct Agreement and Photo/Video Release

All participants in an event or activity sponsored by the Nebraska Vocational Agricultural Foundation/The Leadership Center are prohibited from involvement in unsafe, irresponsible, and/or illegal conduct. You must abide by the following rules and regulations:

1. I will be well groomed and dress appropriately. I will not wear distasteful/suggestive clothing or shirts with beer/tobacco advertising on them.
2. I will not be in the sleeping room of a member of the opposite sex. Failure to abide by this rule will result in immediate dismissal from the conference/activity.
3. I will not have in my possession or use drugs, alcohol or tobacco at any time during the conference/activity.
4. I will follow the instructions given by the staff of The Leadership Center.

The Nebraska Vocational Agricultural Foundation/The Leadership Center reserves the right to immediately terminate from the conference/activity, anyone who is found to have violated these behavioral expectations. Students terminated from the conference/activity will be sent home at their own expense and will be responsible for all other expenses associated with their termination. Registration fees will not be reimbursed. My parent(s)/guardian(s) will be notified.

Personal Conduct Agreement

1. I understand that the Nebraska Vocational Agricultural Foundation/The Leadership Center reserves the right and I agree that the Nebraska Vocational Agricultural Foundation/The Leadership Center has the right to immediately terminate my participation at the sole discretion of the Nebraska Vocational Agricultural Foundation/The Leadership Center, through its representatives, if I engage in behavior that is unsafe, irresponsible, illegal or otherwise contrary to the Nebraska Vocational Agricultural Foundation/The Leadership Center policy as expressed above.
2. I further understand and agree that if my participation is terminated pursuant to the preceding paragraph, (a) I will be solely responsible for all costs associated with my early termination, including travel expenses, and (b) I will not be entitled to any refund or money I have paid to the Nebraska Vocational Agricultural Foundation/The Leadership Center for participation fees.
3. I agree to allow the Nebraska Vocational Agricultural Foundation/The Leadership Center and its representatives to make reasonable, unannounced searches of my living quarters and personal belongings if the Nebraska Vocational Agricultural Foundation/The Leadership Center reasonably

suspects that I am violating the behavioral expectations set forth in this Agreement and other applicable Nebraska Vocational Agricultural Foundation/The Leadership Center publications.

By signature below, I acknowledge that I have read this Personal Conduct Agreement understand the behavioral expectations and agree to abide by those behavioral expectation, and agree to each of the above paragraphs.

Photo/Video Release

Nebraska Vocational Agricultural Foundation/The Leadership Center may on occasion take photographs and /or video of its members or program participants for use in print materials or by electronic methods. Your entry into The Leadership Center facilities, participation in The Leadership Center and affiliated programs or participation in The Leadership Center and affiliated events grants permission for the Nebraska Vocational Agricultural Foundation/The Leadership Center to use these photographs and/or videos in marketing and public relations efforts.

Printed Name
(Participant)

Signature

Date

If the participant is not 21 years of age, a parent or legal guardian of the participant must sign below. In exchange for my child or ward being allowed to participate in the Nebraska Vocational Agricultural Foundation/The Leadership Center conference/activity and as the custodial parent(s) or legal guardian(s) of the above mentioned individual, I verify that I fully understand, agree to, and accept all provisions and obligations set forth in this Personal Conduct Agreement and Photo/Video Release.

Printed Name
(Parent/Guardian)

Signature

Date