

**Nebraska Vocational Agricultural Foundation/The Leadership Center
Medical Release Form**

I, _____ of _____, _____,
Parent/Guardian Name Address City
 _____, am the _____ of _____, born ____/____/____.
State Zip 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 judgment of the attending physician while _____ (participant) is absent from home from _____ (beginning date) to _____ (ending date).

Parent/Guardian Contact Information

| | | | | |
|-------------|---------------------|----------------------------|----------------------------|------------------------------|
| | <small>Name</small> | <small>Home Number</small> | <small>Work Number</small> | <small>Mobile Number</small> |
| Guardian 1: | _____ | _____ | _____ | _____ |
| Guardian 2: | _____ | _____ | _____ | _____ |

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

| | | | | |
|-----------|---------------------|----------------------------|----------------------------|------------------------------|
| | <small>Name</small> | <small>Home Number</small> | <small>Work Number</small> | <small>Mobile Number</small> |
| Choice 1: | _____ | _____ | _____ | _____ |
| Choice 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 a 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 (Parent/Guardian) Signature Date

Nebraska Vocational Agricultural Foundation/The Leadership Center
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:
_____ No _____ Yes

**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 | _____ Coconut Milk |
| _____ Broccoli | _____ Cabbage | |
| _____ Cauliflower | _____ Carrots | |
| _____ Brussel Sprouts | _____ Pasta | |
| _____ Corn | _____ Rice | |

4. Please check items which are an issue.

| | | |
|--------------------------|-------------------------|------------------------|
| _____ Lactose Intolerant | _____ Gluten Intolerant | _____ Tree Nuts/Nuts |
| _____ Colitis | _____ Diabetic | _____ Other-List below |

Please list any food allergies below: _____

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

Name: _____

D4LC Program & Date: _____

Contact Information if Kitchen Manager has questions: _____

Nebraska Vocational Agricultural Foundation/The Leadership Center
Conduct Agreement and Photo/Video Release
General Behavioral Expectations

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