



American Dairy Goat Association

ADGA Annual Convention 2018

Minneapolis, Minnesota | October 16-21, 2018 | convention.adga.org

Youth Permission Form

The Youth Permission Form is required for ALL YOUTH (under age 21) and must be submitted with the Convention Registration form. The form must be completed and signed by parent/guardian and mailed to: **ADGA, PO Box 865, Spindale, NC 28160** or faxed to: **(828) 287-0476** or emailed to: **adga@adga.org**.

Name of Convention Registrant: _____

Address _____ City _____ St _____ Zip _____

Phone _____ Email _____

I hereby give permission for my son or daughter to participate in the 2018 ADGA Annual Convention at the DoubleTree Hotel during the dates of October 16-21, 2018. I also agree that their name and picture can be used by ADGA for promotional purposes. I am aware of the planned activities and do hereby assume all risks and will hold the American Dairy Goat Association (ADGA), the ADGA Host Committee, the DoubleTree Hotel, and adult supervisors harmless from any and all liability, actions, causes of actions, debts, claims and demands of every kind and nature whatsoever, which I now have or which may arise from or in connection with the 2018 ADGA Annual Convention. The terms hereof shall serve as a release and assumption of risk for my heirs, executors, administrators, and for all members of my family. The 2018 ADGA Annual Convention Host Group has my permission to seek medical attention for the above named, if needed. Please advise your child that youth are expected to behave responsibly both onsite and offsite during the entire time they are in attendance at the Convention.

Please list any activity restrictions, diet restrictions, drug allergies, or medical conditions:

YOUTH ACCOMODATIONS: If your son or daughter requires any learning or physical accommodations, please explain what is needed so we may be prepared to assist them during the youth program activities: _____

Emergency Contact(s): Name _____ Phone _____

Name _____ Phone _____

Health Insurance Provider and Number _____

As Parent/Guardian, are you attending the 2018 ADGA Convention? Yes No

If not attending, please write down the name of an adult attending the Convention who will be responsible for making decisions regarding emergencies or problem behavior.

Adult _____ Phone _____

Signature of Parent/Guardian _____ Date _____