



Progressive Agriculture Safety Day®

Safety Day Code _____

2025 Participant Release and Consent Form

Dear Parent or Guardian,

Your child will be participating in a Progressive Agriculture Safety Day® (PAF Safety Day) taking place at **Location:** _____ on **Date:** _____. Recognized as the largest safety and health education program for children in North America, the purpose of the PAF Safety Day is to teach children ways to stay safe and healthy on farms, ranches, and in rural communities through participation in a variety of age-appropriate, hands-on experiences.

Throughout your child's participation in the PAF Safety Day, safety will remain a top priority. Barriers will be in place to keep children a safe distance from any demonstrations involving animals, equipment, etc. Additionally, safety rules and requirements will be addressed and enforced, and participants will be closely supervised by Safety Day instructors, group leaders, and other volunteers. Safety stations may be held both indoors and outdoors, so we recommend dressing your child appropriately for weather conditions and wearing closed-toe shoes.

Name: _____ is the local PAF Safety Day Coordinator. If you have any questions about the program or your child's participation, please contact them directly at **Email:** _____ or **Phone:** _____.

We'd appreciate your feedback! If your child returns home from the PAF Safety Day sharing the safety and health tips they learned with family and friends, or adopts safer or healthier practices around the farm, ranch or at home, we would love to hear more about it. Please e-mail us any comments or stories you would like to share with us at safetyday@progressiveag.org. Reference and include the Safety Day Code listed on the top right-hand corner of this page in the e-mail's subject line. To learn more about the PAF Safety Day program, please visit our website at www.progressiveag.org.

Safety Day Code _____

Participant's Name: _____ Age _____ Grade in School _____
Mailing Address _____ City _____ State/Province _____
County (if applicable) _____ Postal or Zip Code _____ Email Address _____
Emergency Contact's Name: _____ Relationship to the Participant: _____
Emergency Contact's Phone Number(s) _____

Does the participant have any special needs (dietary, mobility, behavioral, etc.) that we should be aware of?
☐ Yes ☐ No If yes, please provide details: _____

Do you permit photographs, audio, and/or video to be taken of your child while engaged in PAF Safety Day activities (images will be used to promote safety in the media, social media, websites, and in promotional materials)?
☐ Yes ☐ No

Will you allow your child to participate in a knowledge-based survey before, during, and/or after the PAF Safety Day to help evaluate the effectiveness of the program?
☐ Yes ☐ No

If your child becomes ill or injured during their participation in the PAF Safety Day, do you allow first aid to be administered (please note, in the event of a serious injury or illness, the emergency contact will be notified)?
☐ Yes ☐ No

(Optional) Participant is: ☐ White/Caucasian ☐ Black/African-American ☐ Native American/First Nation ☐ Hispanic
☐ Asian ☐ Pacific Islander/Native Hawaiian ☐ Mixed race ☐ Other ☐ Prefer not to answer



Signature of Parent/Guardian _____ Date _____

Printed Name of Parent/Guardian _____