

**South Carolina
Commissioner's School for Agriculture
2008 Class Reunion
March 17, 2009**

Authorization & Waiver

Student Name: _____
Address: _____

Home Phone #: _____
Cell Phone #: _____
High School: _____

By my signature below, I understand and agree to allow my child to participate in the South Carolina Commissioner's School for Agriculture 2008 Class Reunion program to be held in Columbia, SC on Tuesday, March 17, 2009.

Furthermore, I understand that my child will be responsible for his or her own transportation to Columbia, but while in Columbia, I authorize my child to be transported in a State vehicle along with other program participants. I hereby waive any and all claims against the State of South Carolina and/or its agency representatives related to the transportation of my child in a State vehicle during the course of this program.

Parent's Printed Name

Parent's Signature

Emergency Contact Number