Release from Supervision of Minors
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The _____________________________________________ (hereinafter SCHOOL or ORGANIZATION), would like to bring its _________________________________________________________ (hereinafter GROUP) to the Southeast Dairy Youth Retreat being coordinated by Clemson University Cooperative Extension and headquartered in Newberry, SC beginning Sunday, July 12th through Thursday, July 16th (hereinafter EVENT). During this EVENT, Clemson University Cooperative Extension will provide the following sessions/programs:

Farm tours, hands-on workshops, museum tours, agricultural industry tours, social activities, fun day at amusement park. See agenda for full program schedule.

I understand and agree that neither Clemson University nor Clemson Cooperative Extension will provide supervision for the individual participants in the GROUP. I understand and agree that SCHOOL or ORGANIZATION is responsible for:

1. Making all transportation arrangements for the GROUP to, from, and during the EVENT.
2. Supervising the individual members of the GROUP at all times while they are participating in the above described EVENT.
3. Supervising the individual members of the GROUP overnight.
4. Letting the EVENT Coordinator know immediately if there is a situation that requires supervision assistance.
5. Understanding that ONLY Robin Long or Tina Horn (EVENT Coordinators) can accept custodial care of youth on behalf of Clemson University during this EVENT. This would be clearly communicated to those involved.

By signing below, I verify that:
1. I am the adult chaperone (over 21 years of age) for the youth listed on the next page.
2. I understand the supervision requirements and regulations of this event.
3. I am an authorized representative of SCHOOL or ORGANIZATION and have authority to sign this document on behalf of SCHOOL or ORGANIZATION.

Print Name Here: ____________________________________________________________________________

Print Title Here: _____________________________________________________________________________

______________________________________________________________      ______________________________
Signature             Date
Each state must provide at least one adult chaperone (over the age of 21) per ten (10) youth. Please list the primary adult chaperone and the youth that adult will be supervising during the 2015 Southeast Dairy Youth Retreat.

State: ____________________

Adult Chaperone _____________________________________________

Youth Participants

1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________
4. __________________________________________________________
5. __________________________________________________________
6. __________________________________________________________
7. __________________________________________________________
8. __________________________________________________________
9. __________________________________________________________
10. _________________________________________________________