

**NORTH DAKOTA FARM BUREAU
STUDENT MEMBERSHIP PARENTAL CONSENT & WAIVER FORM**

This Student Membership Parental Consent and Waiver (“Parental Consent”) is made and entered into by and between the North Dakota Farm Bureau (“NDFB”) and the undersigned parent or legal guardian (“Parent”) on the ___ day of _____ 20__.

WHEREAS, NDFB requires a legal guardian to execute a Parental Consent in order for an individual under the age of 18 to be allowed a Student Membership.

WHEREAS, Parent wishes to provide and be bound by this Parental Consent as it relates to the following underage “Student”:

Name of child: _____ Birth Date: _____

Address: _____

NOW THEREFORE, in connection with and consideration of the Student’s participation with NDFB, Parent, on behalf of the Student, myself, my heir(s), personal representative(s), and assign(s), hereby represent and agree as follows:

1. Student Participation and Consent. I, the undersigned, certify that I am the parent or legal guardian of the Student and that I have the right and authority to provide the consent, make the waivers, and make decisions provided for herein. I acknowledge and expressly consent to Student’s participation in the NDFB membership program and associated or related activities. I acknowledge and agree that some NDFB-related activities have an inherent risk of injury or harm and hereby irrevocably waive any and all claims which may arise against NDFB directly or indirectly from or related to my participation or Student’s participation in NDFB-related activities or activities occurring on NDFB property.
2. Likeness Release. I acknowledge and agree that photographs or videos may be captured at NDFB-related events and consent to NDFB’s use of the Student’s likeness and image in any publications, educational materials, research, marketing, advertising, news media, and web materials.
3. Governing Law. I agree that this agreement shall be governed by the laws of the State of North Dakota without giving effect to any choice or conflict of law principles of any jurisdiction, and if any portion of this agreement is held invalid, such provision shall be read as broadly as possible while falling within the scope of enforceability and the remainder of the agreement shall continue in full force and effect.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE TERMS OF THIS AGREEMENT, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Parent/Guardian’s Full Name (Please Print): _____

Parent/Guardian’s Address: _____

Parent/Guardian’s Telephone No: _____

Signature: _____ Date: _____