

## PARENT OR GUARDIAN WAIVER OF LIABILITY

Name of Attendee: \_\_\_\_\_

I hereby release, indemnify and hold harmless the Commonwealth of Virginia, the Virginia Department of Education, and Virginia Polytechnic Institute and State University and their respective agents and employees from liability in the event of accident, harm, or injury to the above named person while he/she is using the equipment, or when he/she is in or about the buildings and/or grounds of the host site and on field trips during the 2024 Virginia Summer Residential Governor's School of Agriculture, whether or not resulting from the negligence of the Commonwealth of Virginia, the Virginia Department of Education, Virginia Polytechnic Institute and State University, or their agents.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

By typing or drawing my signature above, I acknowledge that it is my intent to electronically sign this document and agree to the use of electronic records for the purposes provided herein.



COLLEGE OF AGRICULTURE AND LIFE SCIENCES  
AGRICULTURAL, LEADERSHIP,  
AND COMMUNITY EDUCATION  
VIRGINIA TECH.



The Virginia Governor's  
School for Agriculture