

AGRICULTURAL VETERINARY ASSOCIATES LLC

Date: _____

I hereby release Agricultural Veterinary Associates LLC from any liability arising from any incident that may occur while _____ is observing and assisting the procedures of large animal veterinary medicine with their veterinarians. I carry my own medical insurance, and Agricultural Veterinary Associates LLC will not compensate me financially for the time that I spend with their veterinarians. Video and photography are prohibited on all farms.

(Student's Name - Printed)

(If not a minor - Student's Signature)

(If minor - Parent / Guardian's Name – Printed)

(If minor - Parent / Guardian's Signature)

(Address)

(Phone Number)

In case of emergency contact: _____

(Name)

(Phone Number)