

BUFF High School Student Summer Program Application

Name:

Address:

Phone Number:

Email Address:

Age (as of June 1, 2024):

Parent/Guardian Name:

Parent/Guardian Phone Number:

Please share one paragraph (**5 complete sentences**) about why you would like to be part of the BUFF program this summer: Please ensure this is written by the student applicant and not the parent.

Participants: By signing and completing this form you are committing yourself to working with Seedleaf and FoodChain from June 3rd to August 2nd. You are also agreeing to complete your duties with enthusiasm and professionalism. Some assistance for transportation may be provided for participants, however there is no guarantee that all transportation barriers can be met or accommodated. It is your responsibility to get to work on time for scheduled workdays. It is also your responsibility to come prepared for working outside or on an indoor farm that can be wet, dirty, and have live animals (fish). This includes being equipped with a water bottle, sunscreen, bug spray and protective clothing (hat, light cotton clothing and protective footwear). A legal waiver will be required.

Signature of Participant:

Date:

Parent/Guardians: By signing this form, you agree to the terms of participation and that your child/ward has permission to participate in BUFF and related field trips.

Signature of Parent/Guardian:

Date:

WAIVER:

Thank you for your interest in BUFF. We are delighted to have your child with us. Please read over the following statement, check the box and sign below to confirm your agreement.

- I understand that personal injury, death, property damage, and property loss are all inherent risks. I assume all risks involved when my child participates in programming offered by FoodChain Inc. and Seedleaf Inc. I accept personal responsibility for any liability, injury, loss, or damage in any way connected with their participation in BUFF programming.

Do you give permission to FoodChain/Seedleaf to use photos of your child taken on-site in promotional materials in print & online? (please circle) Yes No

Child's Name: _____ School name: _____

Parent Name: _____

Parent Signature: _____ Date: _____

Submit the application: Scan, photograph and email application to leandra@foodchainlex.org or drop off to FoodChain at 501 West Sixth St, Suite 105 (stop sign at Jefferson and W6, M-F 8-5 or Sat 9-12).
Questions call 859-428-8380 and request Leandra Forman