



Dear Parents/Guardians/District/Agency Personnel and Participants,

Thank you for your interest in Growing Together Aquaponics. The components of this comprehensive program include:

A curriculum dedicated to learning the concept of farming in an aquaponic setting. The curriculum will be taught in a traditional classroom setting and then transition into the aquaponic system. In the system the students will be working hands on to complete tasks related to the fish, plants, water, worms, and compost. Some tasks may include feeding the fish, sowing seeds, testing water chemicals, feeding the worms, or rotating the compost. Student will be taken through a ServSafe Food handler course. At the end of the course the student will have two attempts to score 80% or higher to receive their certificate. Students will be provided with a 30 minute lesson on financial education using the Cents and Sensibility curriculum.

Because of your expressed interest to participate in the program, please complete and return the attached forms to the school district/OVR or other supervisory personnel prior to the start date. Failure to submit these forms will prohibit participation.

1. Personal and Program Information
2. Functional and Medical Profile
3. Participant Agreement
4. Media Release Form (please let us know your preference regarding photos, audio and videotaping)
5. Participant Dismissal Agreement

If you have any questions, please call Marena Toth (330) 573 2733 ; growingtogetheraquaponics@gmail.com

Thank you,

Marena Toth, COO
Growing Together Aquaponics, Inc.
111 Arrowhead Drive, Suite A
Slippery Rock, PA 16057



Personal and Program Information

Please complete this form in its entirety. The information requested will be kept in strict confidence and will be used to help design the most effective, individualized program.

Participant's Name: _____ Date of Birth: _____

Address: _____

Parent(s) or Guardian(s) Name(s): _____

Emergency Contact Person/Relationship: _____

Emergency Contact Phone Number and Email: _____

Functional and Medical Profile

Please check all that apply:

_____ Amputation
*if indicated please list extremity(ies)? _____

_____ Autism Spectrum Disorders

_____ Blind/Visual Impairment

_____ Cerebral Palsy - Limbs Affected _____

_____ Ataxia

_____ Athetoid

_____ Spastic

_____ Deafness/Hard of Hearing

_____ Emotional Disorder

*If indicated, please describe particular behavior(s) and impact on functioning

_____ Intellectual Disability

_____ Learning Disabilities

*if indicated, please list disability(ies) _____

_____ Muscular Dystrophy

_____ Orthopedic Impairments

*if indicated please list impairment(s) _____

_____ Spina Bifida

*if indicated please list type _____

_____ Spinal Cord Injury

*if indicated please list level of injury and function _____

_____ Stroke/Traumatic Brain Injury

_____ Seizure Disorder:



*If yes, please describe the type of seizure and last documented activity along with procedures for this person

Please check any of the following condition(s) that would restrict participation:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Hip Dislocation | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Overweight/Obese | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Spinal Rod |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Allergies (bee stings, food, environmental, etc.) | |

Other(s) Not Listed _____

Provide details about any restrictions checked above

Please list any medication(s) that we should be aware of

Please list any other considerations that you feel that we should be aware of



PARTICIPANT AGREEMENT

PLEASE READ THIS DOCUMENT CAREFULLY. Please initial after each paragraph.

_____ (print name) would like to participate in Growing Together Aquaponics, Inc. I as the UNDERSIGNED do hereby acknowledge that my/my child's/my ward's participation as part of this program could expose me/my child/my ward to above-normal risks. I understand that the program can be physically demanding. I acknowledge the risks of physical activities, work experiences, equine activities, and horseback riding, however, I feel the possible benefits to myself/my child/my ward are greater than the risk assumed. I affirm that my/my child's/my ward's health is good, and that I/my child/my ward is not under a physician's care for any undisclosed condition that bears upon my/my child's/my ward's fitness or health to participate in any activities presented by Growing Together Aquaponics. I understand that each participant must assume the risk of physical injury that could result from any of the aforementioned activities.

I hereby, intending to be legally bound, for myself, my heirs, assigns, executors, and administrators, waive and relinquish and release forever any and all claims for damages against the Growing Together Aquaponics Inc., its board of directors, instructors, therapists, staff, aides, volunteers, and employees for any and all injuries and/or losses that I/my child/my ward may sustain while participating in the program. I have read and understand all information provided. I also understand that information from these programs may be released for educational purposes and demonstrations to improve program development and future replication. _____

In the case of an emergency and if I cannot be reached, I authorize the Growing Together Aquaponic staff to obtain whatever medical treatment deemed necessary for the welfare of myself/ my child/my ward. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my medical insurance would cover such charges and fees. _____

_____ desires to participate in the specified program. I understand the above mentioned program offered through the Growing Together Aquaponics Program may take place, at least partially, in an offsite environment and may include, vehicular transportation to and from sites. The inherent risks include: personal injury, property damage, illness or death. _____

Signature: _____ **Date** _____

Participant or Parent/guardian signature if under 18



Media Release Form

I, _____ hereby grant Growing Together Aquaponics, Inc. permission to use my likeness in a photograph or video in any and all of its publications, including but not limited to all of Growing Together Aquaponics' printed and digital publications. I understand and agree that any photograph using my likeness will become property of Growing Together Aquaponics and will not be returned.

I acknowledge that since my participation with Growing Together Aquaponics is voluntary, I will receive no financial compensation. _____ Initial

I hereby, irrevocably authorize Growing Together Aquaponics to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Growing Together Aquaponics programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensations arising or related to the use of the photograph. _____ Initial

I hereby hold harmless and release and forever discharge Growing Together Aquaponics from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. _____ Initial

Printed Name: _____ Date: _____

Signature: _____

Printed Name of Parent or Legal Guardian: _____

(Under 18 years old requires parent signature)

Signature of Parent/Legal guardian: _____

Initial here if you **DO NOT give consent to use photographs or video in any and all of publications.**

Initial



Participant Dismissal Agreement

Growing Together Aquaponics, Inc. reserves the right to dismiss any participant from the Program as deemed appropriate by the program director and staff. Reasons for dismissal from the program would include but are not limited to the following:

- 1) Inappropriate behavior
 - a. defiance or disrespect toward staff, volunteers, or participants
 - b. displays of physical or verbal aggression
- 2) Unwillingness to participate
- 3) Excessive absences
- 4) Inappropriate Attire

This agreement is written to continue to offer quality programs that are safe, successful, and enjoyable for all participants.

I have read and understand the participant agreement.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____