

Parental Consent Form

I, (print name), hereby give permission for my child (print name), to work with Team Corn & Soil, Inc. in accordance with the guidelines outlined hereafter. I authorize representatives of Team Corn & Soil, Inc. to act for me in an emergency medical matter to the best of their abilities and judgment and to notify me as soon as possible thereafter. I agree to accept full responsibility for any loss or damage my child may cause to the property owned by Team Corn & Soil, Inc., properties visited while working, equipment leased by TEAM CORN, or other employee's property.

My signature below affirms that I understand the above guidelines and give my consent for my child to obtain employment with Team Corn & Soil, Inc.

(Parent/Legal Guardian Signature)

Date: ____/____/____

(employee's Signature)

Date: ____/____/____