

Corn Topping Application:

Applicant Name: _____

Birth Date: _____ Age: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell#: _____

Parent's Cell phone #: _____

Emergency Contact Name: _____

Emergency Contact #: _____

Employee Email address:

(each employee must have their own email address to register

PARENTAL CONSENT:

As parent/guardian of (applicant's name) _____

I (your name) _____

hereby give my permission for my child or ward to participate in work with KTop Corntopping. I agree to accept full responsibility for any loss or damage my child/applicant may cause to the property owned by KTop , properties visited while working, equipment leased by KTop or other employee's property. I assume the risk and financial responsibility for any injury or liability resulting from his/her participation.

In case of a medical emergency, I understand every reasonable effort will be made to contact me. In the event I cannot be reached, I hereby give permission to secure proper treatment for my child or ward as named above. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical rendered to him/her.

The undersigned does also hereby give permission for said child or ward to ride in any vehicle designated or driven by KTop or other licensed drivers if necessary while corn topping fields, transferring between fields, or as needed.

- Applicant's signature: _____
- Date of signature: _____

Parent/Guardian Signature (if child is under 18)

- Parent Name: _____
- Date _____

Insurance Information in Case of Emergency

Insurance

Company _____

Insurance Policy

Parent or Guardian Signature: _____

Please return this form by mail or hand delivery to:
2451 N Countryside Ave. Kuna, Idaho 83634