

CROOK COUNTY

Crook County Learning Lab

Signed Agreement

STUDENT—I, _____, understand and agree to the rules of the Crook County Learning Lab. I will do my best to help make the program a rewarding experience for myself as well as others. I understand the risk of the livestock industry and that all decisions of the advisors are final.

DATE _____ SIGNED _____

PARENT—I, _____, understand the responsibilities that are required of my son, or daughter, as a member of the program and I will provide the support necessary for my son, or daughter, to live up to their responsibilities. I understand the risk of the livestock industry and that all decisions of the advisors are final.

DATE _____ SIGNED _____



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