

## Friend of Farmer Veterans Award Nomination

Nominees Individual or Business Name:				
Address:	County:	Telephone:		
City:	State: _	Zip Code:		
	that outlines the nominees actions to that outlines the nominees actions to the second suidelines. See award guidelines		, ,	
•	l/business had on your or other veter		•	
What would have been the res	ult has the mentioned assistance not	occurred:		
What other veterans or veteran	n organization has this individual/bus	iness impacted?		
Does this nominee have a milit	ary background? If so what branch, r	rank, division, etc.		
What other relevant information	on would you like to provide?			

## Waiver of Liability and Photo Consent:

Note: Additional pages and/or documents for additional space.

The undersigned, individually or as a spouse, parent or guardian, in partial recognition of services rendered and benefits conferred by Veterans in Agriculture, hereby releases and forever discharges Veterans in Agriculture, its agents and assigns, from any and all claims, demands or actions, causes of actions, or suits of whatsoever kind or nature of damages sustained by the above named client or accruing to the undersigned in consequence of any accident or occurrence resulting from the participation in any program of Veterans in Agriculture, and is engaged in any venture or activity solely on his or her own

Agriculture publications and media.				
The nominator understands that the completion of this nomination does not guarantee the award will be presented to the nominee. VIA will review all nominations and reserved the right select award winner(s).				
Submitted by:	Date:			
Send completed application to the address below.				

behalf. I grant permission to record and use of my image, likeness, etc. for the purpose of this program and for Veterans in

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