



I am the parent or legal guardian of the below teenager (if under 18 years of age) and give my consent for them to detassel corn for any seed corn company contracted by The Bauer's Detasseling, LLC. I affirm that the one to detassel is not allergic to corn pollen, bee stings, or currently taking medicine or having a physical or mental condition that would endanger them or others while performing the job of detasseling corn. I certify that my child's age as stated on the online application is correct.

Applicants Signature:

_____ Date _____

Parent/Guardian's Signature (Parent must sign if under 18):

_____ Date _____