

### Mandatory Participant Info- 2017 CA Specialty Crops Tour

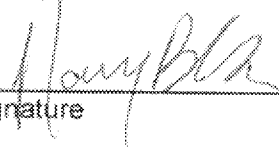
Please complete, scan and email back to [gary@specialtycrops.org](mailto:gary@specialtycrops.org) by June 30

Last Name:	Beck
First Name:	NANCY
Agency:	EPA
Division/Group/etc.:	OCSPP
Title:	Deputy Assistant Administrator
Street:	1201 E. Constitution St NW
City/State/ ZIP	Washington DC 20004
Phone:	Ex. 6
E-mail:	beck.nancy@epa.gov
Years in Present Position:	2 months
Your Cell Phone Number:	Ex. 6
Emergency Contact Person:	David Beck
Relationship to you:	Ex. 6 Brother
Emergency Contact Phone Number:	Ex. 6
Dietary Needs/ Restrictions:	NONE
Any medical /physical/ etc. limitations:	NONE
Your Supervisor's Name:	Wendy Cleland-Hammitt
Supervisor's E-mail Address:	<del>Cleland.Hammitt@epa.gov</del> Cleland.Hammitt.Wendy@epa.gov
Supervisor's Phone Number:	Ex. 6

To the best of my knowledge, I am in good physical condition and fully able to participate in this tour. I am fully aware of the risks and hazards connected with the participation in this event, including physical injury or even death, and hereby elect to voluntarily participate in said event, knowing that the associated physical activity may be hazardous to me and my property.

I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this tour.

In signing this release, I acknowledge and represent that I HAVE READ THE FORGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY.

  
 Signature \_\_\_\_\_ Date 6-22-17