

Parent/Guardian Permission

Both participants and parent(s) / guardians must read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this page. Sign and return this form to your Advisor. In case of an emergency, the Advisor will have these forms with him or her at the event. If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned, am aware that participation in the Idaho State FFA Career Development ("Program") may include activities that are risky and dangerous. Both participant and their parent(s) / guardians ("I") acknowledge and accept the risks and give permission for participation in the Program. I acknowledge that participation in this Program has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury to myself, or my child, up to and including mortal injury, may occur: agricultural mechanics methods activity, including but not limited to use of arc and acetylene welding equipment and tools, tool reconditioning and repair, small engine troubleshooting, electrical and wiring problem solving, and copper and PVC pipefitting, soldering and gluing; agronomy methods activity methods activity, including but not limited to exposure to plants, insects, animals and chemicals; food products methods activity, including but not limited to exposure to bacteria, meats and milk products; forestry methods activity, livestock evaluation methods activity, including but not limited to, contact and access to farm animals, and chemicals; academic learning opportunities while on campus or off; field trips; activities supplemental to the Program, such as walking or hiking to and from sites of interest; use or operation, by myself or others, of equipment; physical and sports activities, including a dance; being outside or in the presence of inclement weather conditions including, but not limited to, lightening, and wind; contact with plants, animals or other environmental hazards; transit to or from the Program locations and activity locations including but not limited to travel by bus, van or private auto; use of roads, trails, terrain, and other routes in the condition in which they are found; staying overnight on or off campus; rendering of first-aid, emergency treatment or other services; consumption of food or drink; or other unknown and unanticipated activities and risks.

In consideration of the University of Idaho ("UI") permitting me/my dependent to associate with the program, I and my dependent hereby voluntarily assume all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, the Regents of the University of Idaho, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the above name Program.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and assumption of risk for my heirs, estate, executor, administrator, assignees and all members of my family.

I hereby certify that, with or without accommodation, I and/or my dependent is in good health and I know of no medical reason why he/she is not able to participate in this program. I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries that he/she may sustain while participating in any Program associated with the above named Program.

I understand that any insurance provided through this program provides only limited protection for injuries which occur while participation and that I am responsible for all medical expenses not covered by program insurance.

If I and/or my dependent has a disability requiring accommodation, I will contact the program director prior to the start of the Program.

I accept and will abide by the University of Idaho Policies available online at www.uidaho.edu/infrastructure/pss/risk-management or by contacting Risk Management at (208) 885-7177. I accept and will abide by the behavioral expectations of Idaho State FFA Career Development Events, applicable city, state and federal laws, and the policies and procedures of the University of Idaho. I understand that disregard for University of Idaho policies and applicable laws may be considered grounds for dismissal from Program, and prompt return home at my/parent expense.

I agree that you may photograph my child during, and in connection with, the Program. I agree that you shall be the exclusive owner of the photograph and all copyright and other rights of the photograph. I agree that you may use the photograph in any media you wish related to the University of Idaho Program.

If you DO NOT GIVE PERMISSION TO PHOTOGRAPH YOUR CHILD, CHECK HERE

Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.

Participant's Name (PLEASE PRINT)

Participant's Signature

Date

Parent / Guardian Name (PLEASE PRINT)

Parent / Guardian Signature

Date

All participants must complete the Permission/Waiver of Liability Form located on the next page of this packet. This form must be filled out completely by every individual coming to campus for State CDEs. Agriculture teachers should keep these forms in a file that is accessible at all times in case there is an emergency. The Permission/Waiver of Liability Form is NOT to be turned in to the Department of Agricultural and Extension Education.

YOU MUST COMPLETE A FORM FOR EACH FFA MEMBER THAT YOU BRING TO MOSCOW. A PARENT OR GUARDIAN MUST SIGN IT.

PLEASE DUPLICATE THE HEALTH RELEASE FORM AND BRING ONE FOR EACH STUDENT.

Name: _____
(First) (Last)

County: _____ District: _____

Age: _____ Date of Birth: _____ Male Female

Address: _____
(Street)

(City) (State) (Zip)

Phone: _____
(Home) (Work) (Cell)

Emergency Contact & Insurance Information

Contact 1 Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Contact 2 Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Medical Insurance Company Name: _____

Policy Number: _____ Group Number: _____

Participant's Social Security Number: _____

Parent's/Guardian's Social Security Number: _____

**PLEASE NOTE: Hospital requires SSN before providing treatment and suggests that participants bring a copy of their insurance card. Participants are covered by an American Income Life accident/illness policy while participating in activities sponsored by our program. In the event of injury or illness arising from participation in program activities, American Income Life must be notified within 20 days of the date of illness or injury. The Program staff will have information on filing claims. Insurance provided through American Income Life provides only limited protection for injuries or illnesses which occur while participants are participating in program activities, and the participant's family is responsible for all medical expenses not covered by program insurance.*

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