

IOWA STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY

Iowa State Livestock Judging Camp – Animal Science Judging Club

Participation Agreement, Parental Permission Agreement Assumption of Risk, Release and Waiver of Liability and Emergency Medical Information

PLEASE READ THIS PARTICIPATION AGREEMENT, PARENTAL PERMISSION AGREEMENT, ASSUMPTION OF RISK, RELEASE OF LIABILITY and EMERGENCY MEDICAL INFORMATION CAREFULLY. It is a legal contract and affects any rights you/your child may have if your child is injured or otherwise suffers damages while participating in the Iowa State Livestock Judging Camp. This form must be read and completed by each participant (under the age of 18) and their parent or legal guardian who takes part in this program.

PROGRAM DESCRIPTION

The Iowa State University Animal Science Department and Livestock Judging Team will host the ISU Livestock Judging Camp on Iowa State university campus June 12-14, 2017. This three day event is designed for youth ages 12-18 that are interested in building their knowledge on the principles of market and breeding evaluation of sheep, cattle, and hogs as well as oral reasons. Youth will also learn the importance of performance data and how to interpret and incorporate data into a set of reasons. Current members of the 2017 ISU Livestock Judging Team will work one-on-one with the participants on oral reasons. Attendants will be housed in Willow Hall on ISU campus and all meals will be provided. Participants will be supervised by ISU Livestock Judging Team faculty and student volunteers.

PARTICIPANT INFORMATION

Participant's Name		Participant's Age	
Permanent Address		Date of Birth	
City, State, Zip		Home Phone	

TRANSPORTATION

As parent/guardian, I give my permission for and/or acknowledge that (check only those that apply):

___ I will be responsible for **drop-off** and **pick-up** of my child from this event.

___ (NAME OF DRIVER): _____ will drop-off my child at this event.

___ (NAME OF DRIVER): _____ will pick-up my child after this event.

___ My child will drive himself/herself to and from this event.

___ ISU will provide transportation for all participants to and from the dorm to all activities and events during this camp.

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT *(TO BE READ AND SIGNED BY PARTICIPANT)*

It is important to follow the directions of the ISU Livestock Judging Team faculty and student leaders in charge of this event at all times. You must also abide by the University's rules and conduct expectations. I understand that as a participant I have the responsibility to help make the activities of this event a safe experience for everyone through good behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them.

Participant Signature

Date

IMAGE/VOICE PERMISSION

During activities, a photograph or video/audio recordings may be taken of you. Unless you request otherwise, your initial below will be considered permission for Iowa State University and the ISU Livestock Judging Team faculty or staff in charge to photograph, film, audio/video tape, record and/or televise your image and/or voice for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to ISU using your image or voice in this manner, please notify the ISU Livestock Judging Team leaders or staff prior to participating.

____ initial ____ date

ASSUMPTION OF RISK AND RELEASE OF LIABILITY (Please read carefully.)

I, _____ (print name) as the parent or legal guardian of, _____ (participant name), grant permission for his/her participation in the Iowa State Livestock Judging Camp at Iowa State University. This Participation Agreement, Parental Permission Agreement, Assumption of Risk, Release of Liability and Emergency Medical Information must be read carefully and signed by all participants and the parent or legal guardian of each participant under 18 years of age who will take part in the Iowa State Livestock Judging Camp, June 12-14, 2017. The ISU Livestock Judging Camp is offering my child a voluntary opportunity to participate in activities, housing and meals during the ISU Livestock Judging Camp. I acknowledge that my child will be under the supervision of the Iowa State Livestock Judging Club faculty and student chaperones during this event. Participants will stay in dorm rooms with two participants per room that has two beds. Participants will be paired with someone of the same gender and of similar age. ISU chaperones will be staying on the same floor. All chaperones are at least 21 years of age and seniors in college, graduate students, or ISU staff.

I understand that the Iowa State Livestock Judging Camp is designed to strengthen their knowledge and understanding on the principles of market and breeding evaluation of sheep, cattle, and hogs as well as oral reasons. Youth will also learn the importance of performance data and how to interpret and incorporate data into a set of reasons. These learning activities may involve certain risks and possible injury such as cuts and contamination of open wounds, and that Iowa State University and the Iowa State Livestock Judging Team staff will provide each participant with reasonable care, instructions and personal protective equipment if necessary and adequate hand washing facilities, but that ISU cannot guarantee that I will remain free of injury. I nonetheless wish to participate in the Iowa State Livestock Judging Camp and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the State of Iowa, the Board of Regents - State of Iowa, Iowa State University and ISU Livestock Judging Club and Team, and their officers, employees and agents (herein after referred to as RELEASES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my participation in the Iowa State Livestock Judging Camp. This release, however, is not intended to release the above-mentioned RELEASES from liability arising out of their sole negligence.

Date

Parent/Guardian Name (please print)

Signature of Parent or Guardian (if under 18)

MEDICAL EMERGENCY PERMISSION

I understand that I must be healthy and reasonably fit in order to safely participate in the **Iowa State Livestock Judging Camp** activities and I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect my ability to participate safely. The health history stated below is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the **Iowa State Livestock Judging Camp** faculty or students in charge to provide routine first aid and seek emergency treatment including X-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where the Emergency Contact listed above cannot be reached, I give permission to the physician/hospital selected by the **Iowa**

State Livestock Judging Camp faculty or students in charge to secure and administer treatment for me, including hospitalization.

I understand that the camp coordinators will make every attempt to ensure the safety of youth participants and provide properly trained and experienced faculty and students to chaperone this event. Medical information will be kept confidential and used only in the case of a medical emergency. * (If you cannot sign this section of the form for any reason, contact the Office of Risk Management [515-294-7711] regarding a legal waiver in order to attend and participate.)

____ initial ____ date

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First:

Name _____

Relation to Participant _____

Daytime Phone () _____

Evening Phone () _____

Backup Contact (Relative or Friend):

Name _____

Relation to Participant _____

Daytime Phone () _____

Evening Phone () _____

Health Information (Please Print)

Does participant have any medical condition which may limit certain activities?

If yes, please specify condition(s): _____

Do you have any of the following conditions or a history of any of the following conditions? (Check all that apply.)

____ Asthma ____ Bronchitis ____ Fainting Spells ____ Diabetes ____ Ear Infections
____ Heart or cardio-vascular problems/disease ____ Convulsions/seizure ____ Hay Fever
____ Chronic bone, muscle or joint injuries ____ Migraine headaches ____ Other condition(s):
(Please list) _____

Please list any allergies or allergic reactions participants may have: (Check all that apply.)

____ Aspirin ____ Penicillin ____ Dairy ____ Gluten ____ Peanuts
____ Insect bites or stings ____ Ivy/oak/sumac toxins ____ Other (list) _____

Are you currently taking any prescribed or over-the counter medication? If so, list what they are:

INSURANCE INFORMATION: *Iowa State University does not provide health insurance for participants in this event/activity.*

☐ Yes The above-named participant is covered by health insurance.

☐ No **If no,** initial the line below stating that you do not have health insurance and are aware that Iowa State University does not carry any health insurance for you. _____