

IOWA STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY

2019 Iowa Youth Dairy Coalition – ISU Dairy Science Club

Youth 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 2019 Iowa Youth Dairy Coalition. 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 Dairy Science Club will host the 2019 Iowa Youth Dairy Coalition, March 29-30, 2019. This two-day, one-night event is an opportunity to give students (ages 10-18) with an interest in dairy science the chance to participate in learning more about the dairy industry which includes tours of two dairy farms, Pleasant Grove Dairy Goats in Epworth, Iowa and Reuter’s Dairy in Peosta, Iowa will be visited. Participants will engage in a dairy quiz bowl competition and interactive games and activities. The event will conclude with a banquet on Saturday. Participants and chaperones will stay at the Comfort Inn Hotel in Dyersville, Iowa. Participants are supervised by ISU Dairy Science faculty and student volunteers.

PARTICIPANT INFORMATION

Table with 4 columns: Participant's Name, Permanent Address, City, State, Zip, Participant's Age, Date of Birth, 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.

The Iowa Youth Dairy Coalition will provide bus transportation for all participants to and from the hotel to farm tours.

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

It is important to follow the directions of the Iowa Youth Dairy Coalition 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, the ISU College of Agriculture and Life Sciences and Dairy Science Club 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 Dairy Science Club 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, \_\_\_\_\_ (youth participant name), grant permission for his/her participation in the 2019 Iowa Youth Dairy Coalition in Dyersville, Iowa. This Youth 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 Youth Dairy Coalition, March 29-30, 2019. The ISU Dairy Science Club is offering my child a voluntary opportunity to participate in activities, swimming, meals, and two dairy farm tours during the 2019 Iowa Youth Dairy Coalition. I acknowledge that my child will be under the supervision of the ISU Dairy Science Club faculty and student club member chaperones during this event. My child will stay overnight in a hotel room with 1-3 other students of the same gender and of similar age attending this event. The ISU Dairy Science Club faculty and student chaperones will stay in hotle rooms near all youth attending this event.

I understand that the Iowa Youth Dairy Coalition is designed to introduce students to the dairy industry through various farm tours and activities. These activities may involve certain risks and possible injury such as cuts and contamination of open wounds, and that Iowa State University and the Iowa Youth Dairy Coalition and ISU Dairy Science Club 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 2019 Iowa Youth Dairy Coalition at Dyersville, Iowa 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 Dairy Science Club, 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 2019 Iowa Youth Dairy Coalition. 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 2019 Iowa Youth Dairy Coalition** 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 Youth Dairy Coalition** 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 Youth Dairy Coalition** faculty or students in charge to secure and administer treatment for me, including hospitalization.

I understand that the event 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:

Backup Contact (Relative or Friend):

Name \_\_\_\_\_

Name \_\_\_\_\_

Relation to Participant \_\_\_\_\_

Relation to Participant \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_

Evening 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. If yes, please provide the following information for use in the event that treatment is necessary.
- No **If no**, initial this line stating that you do not have health insurance and are aware that Iowa State University does not carry any health insurance for you. \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Relation to Participant \_\_\_\_\_

Policy Holder's Phone # \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

(IF KNOWN) Insurance Company  
Customer Service Phone # \_\_\_\_\_