2016 Montana Agricultural Opportunities Tour Application (June 30 - July2)

For Student:

| Name: | Chapter: | |
|--|---|--|
| Address: | | |
| Phone Number: | Email: | |
| Grade (circle one): 9 10 11 12 | Have you attended the tour before?: Y/N | |
| Are you interested in becoming an AgEd teacher as a potential career?: Y/N | | |
| Do you have any food allergies/dietary restrictions? (please list) | | |
| | | |

Why would you like to attend the Agricultural Opportunities Tour?

<mark>For Parent/Guardian</mark>:

Emergency Contact

Name:_____

Relationship to Student: _____

Phone: _____

Waiver of Liability

I. <u>Parent Name</u> understand that participation in this trip is a privilege. Although my child will be supervised, I do assume all risk in my student's participation in the event. I acknowledge that I will not seek to have the Montana FFA Foundation or MSU Agricultural Education Club held liable in the event that any accident, injury, loss of property or any other circumstance or incident occurs during or as a result of my son's/daughter's participation in the trip. This release of liability includes accident, injury, loss, or damages to the student, as well as, to other individuals or property which may result from the student's participation in the event. I hereby release and agree to hold harmless the Montana FFA Foundation, its employees, MSU Agricultural Education Club and it's members from any claims arising out of my son's/daughter's participation in the event(s).

I have read and understand and accept all of the statements recited above and accept full responsibility as described.

Date

Photo Release

I hereby give permission to Montana FFA Foundation, Montana FFA Association, and MSU Agricultural Education Club to take and publish photos of my child taken on this trip.

Parent Signature

Date

For Advisor:

| I recommend this student for the agricultural opportunities tour | : YES | NO |
|--|---------|-----------|
| | (Please | e Circle) |

Signature_____