



Montana FFA Agricultural Opportunities Waiver

For Parent/Guardian:

Emergency Contact

Participant Name: _____

Emergency Contact Name: _____

Relationship to Participant: _____

Phone: _____

List the student's allergies, dietary restrictions, current medications, and/or any special information for the student's safety that the tour staff needs to know on the line below.

Waiver of Liability

I, _____ *Parent Name* understand that participation in this trip is a privilege. Although my child will be supervised, I do assume all risk in my child's participation in the event. I acknowledge that I will not seek to have the Montana FFA Foundation, MSU Collegiate FFA, or MSU Extension 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 child'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 my child's participation in the event. I hereby release and agree to hold harmless the Montana FFA Foundation, its employees; MSU Collegiate FFA, its members; and the MSU Extension from any claims arising out of my child'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.

Parent Signature

Date

Photo Release

I hereby give permission to Montana FFA Foundation, Montana FFA Association, MSU Collegiate FFA, and MSU Extension 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 circle)*

Advisor Signature

Date