



Montana FFA Agricultural Opportunities Tour 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 or Montana FFA Association 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 give permission to the Montana FFA Foundation or Montana FFA Association to take my child to receive medical attention, if necessary. I hereby release and agree to hold harmless the Montana FFA Foundation, its employees, its volunteers; and Montana FFA Association, its employees, and its members 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

Media Release

I hereby give permission to Montana FFA Foundation and Montana FFA Association to take and publish videos and photos of my child taken on this trip.

Parent Signature

Date

For Participant:

I acknowledge that if accepted to attend the Montana FFA Agricultural Opportunities Tour, I will spread the knowledge that I learned on the trip with my chapter and community. While on the trip, I acknowledge the fact that I am representing the FFA; therefore, I will not consume alcohol or use tobacco products of any kind and will refrain from misconduct. I also realize that if I fail to adhere to these expectations, then I will be excused from the tour and my parents/guardians are responsible for my immediate return home.

Participant Signature

Date

For Advisor:

I recommend this student for the Agricultural Opportunities Tour. **YES** **NO** *(please circle)*

Advisor Signature

Date