

# 2023 Speak Out For Agriculture Registration

One registration form per student. Return completed forms to Adair or Cass County Extension offices.

## Student Contact Information:

Full Name: \_\_\_\_\_ Grade completed Spring 2023: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

School: \_\_\_\_\_ Cell Phone # Youth will have on trip: \_\_\_\_\_

Email Address: \_\_\_\_\_ (will send pre-trip confirmation information)

Gender Identity: \_\_\_\_\_ Roommate Preference: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_ Special Accommodations: \_\_\_\_\_

## Parent/Guardian Contact Information:

Primary Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ home cell work

Secondary Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ home cell work

## Bus Trip Highlights:

**June 14:** Bus Pick up, Atlantic, IA & Council Bluffs, IA; Feyh Farm Company, Alma KS; K-State Campus Tour Manhattan, KS.

**June 15:** K-State Vet School Tour, Manhattan, KS; Hildebrand Dairy Farm, Junction City, KS; Hutchinson Zoo, Hutchinson, KS.

**June 16:** Salt Mines Tour, Hutchinson, KS; Bus drop off, Council Bluffs, IA & Atlantic IA

**T-shirt Size:** \_\_ S \_\_ M \_\_ L \_\_ XL \_\_ XXL (Participants receive a t-shirt to be worn one-day on the trip)

## June 14 & 16 Bus Trip pick-up & drop-off point:

\_\_\_\_ Cass County Extension Office, Atlantic \_\_\_\_\_ Lewis Central High School, Council Bluffs

## COST:

\_\_\_\_ Bus Trip \$75

The fee along with gifts from donors, covers bus transportation, hotel, some meals, and a t-shirt. No refunds will be made for trip.

Students are encouraged to bring spending money for dinner one evening and at giftshops (limited time will be provided).

*"The fees for service will be used to offset direct expenses and to support the SOFA program in Adair and Cass County Extension Program."*

Return this complete this form, the SOFA medical/release form, and payment by **June 2, 2023** to Adair or Cass County Extension Office at:

Adair County Extension, 154 Public Square, Ste. C, Greenfield, IA 50849 or

Cass County Extension Office, 805 W 10th St, Atlantic, IA 50022

Office Use Only:

\*Payment \$75

Received Date: \_\_\_\_\_

\* Code of Conduct Signed (on page 2)

Received Time: \_\_\_\_\_

\* Trip Medical Release

Staff: \_\_\_\_\_

Speak Out For Agriculture celebrates its 28<sup>th</sup> year of providing Southwest Iowa youth communication skills and opportunities to explore agricultural careers. This year we are heading to Kansas State University for a three-day trip!

Open to youth in grades 8-12, who attend any school district or homeschool program that falls within Adair, Cass, and Pottawattamie counties. **The number of participants is limited and will be distributed between the counties. Once those spots are filled, names of interested students will go on a wait list.**

#### **Bus Trip: stop explanation and overnight locations**

- Lunch provided June 14 and 15<sup>th</sup>
- \$\$ Bring Monday for dinner on your own the 14<sup>th</sup> and 15<sup>th</sup>. Also bring money for lunch on the 16<sup>th</sup>
- [Feyh Farm Seed Company](#) - A family farm producing native grasses, cool season grasses, millets, and wildflowers. They have been in the wholesale grass seed business for nearly 30 years.
- Kansas State University: Tour the Vet School
- Dinner choices will be available, pay for your own meal -\$\$
- Overnight: [Quality Inn](#) 150 E Poyntz Ave, Manhattan, KS 66502, (785) 789-3440
- Kansas State University: Camps Tour
- [Hildebrand Farms Dairy](#)- A family farm consisting of 2,000 acres raising a herd of Holsteins. Walk through milk barns, free-stall barn, calf barn and dairy processing plant. Milk samples and ice cream samples available at the end.
- [Hutchinsen Zoo](#) – non-profit zoo we will tour and get a behind the scenes experience
- Dinner choices will be available, pay for your own meal -\$\$
- Overnight – [Days Inn](#) 1420 N Lorraine St, Hutchinson, KS 67501, (620) 665-3700
- [Stratata Salt Mines](#) 650 feet underground, 15-minute train ride tour through dark ride area mined out in 1940s.
- Hardees 2400 E Kansas Avenue in Loves Travel Stop by McPherson, pay for your own meal -\$\$

### **Code of Conduct**

I will:

- Follow the policies, regulations, and requests of SOFA chaperones, hotel, bus company and each tour stop.
- Not consume or possess alcoholic beverages, tobacco products, or illegal drugs.
- Not possess any weapons including knives, firearms, or explosives.
- **Leave all electronic devices on the bus during tour stops, meals and workshops.**
- Refrain from using vulgar language.
- Accept responsibility if any damage is reported by the hotel, bus company, or tour stops.
- Not act any way considered indecent.
- Demonstrate respect for other participants, chaperones, bus driver, and persons at each tour stop.
- Be in my assigned hotel room by 11:00 p.m. and stay there for the remainder of the night.

I understand by not following the Code of Conduct my parents/guardians will be notified and will need to make arrangements to pick me up and take me home. Cars are not allowed overnight at Lewis Central High School Parking lot.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

This institution is an equal opportunity provider. For the full non-discrimination statement or accommodation inquiries, go to [www.extension.iastate.edu/diversity/ext](http://www.extension.iastate.edu/diversity/ext)

# Iowa 4-H Medical Information/Release Form SOFA June 14-16, 2023

## PARTICIPANT INFORMATION

Participant's Name \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Gender Identity \_\_\_\_\_  
Home Phone \_\_\_\_\_

## MEDICAL EMERGENCY CONTACT INFORMATION

### Person to Contact First

Name \_\_\_\_\_  
Relation to Participant \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

### Backup Contact (Relative or Friend)

Name \_\_\_\_\_  
Relation to Participant \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

### Healthcare Providers

Name of Family Doctor \_\_\_\_\_  
Office Number \_\_\_\_\_  
Name of Dentist \_\_\_\_\_  
Office Number \_\_\_\_\_

## HEALTH INFORMATION (Please Print)

Does the child have any of the following conditions or a history of any of the following conditions? (**Check all that apply.**)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Bronchitis                             | <input type="checkbox"/> Fainting Spells                           |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Ear Infections                         | <input type="checkbox"/> Heart or cardio-vascular problems/disease |
| <input type="checkbox"/> Convulsions/seizure | <input type="checkbox"/> Hay Fever                              | <input type="checkbox"/> Chronic bone, muscle or joint injuries    |
| <input type="checkbox"/> Migraine headaches  | <input type="checkbox"/> Other condition(s), please list: _____ |  |

Allergies or reactions: (**Check all that apply.**)

- |   |   |   |                                 |                                  |                                 |
|---|---|---|---------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Aspirin                | <input type="checkbox"/> Penicillin           | <input type="checkbox"/> Dairy              | <input type="checkbox"/> Gluten | <input type="checkbox"/> Peanuts | <input type="checkbox"/> Sesame |
| <input type="checkbox"/> Insect bites or stings | <input type="checkbox"/> Ivy/oak/sumac toxins | <input type="checkbox"/> Other (list) _____ |                                 |                                  |                                 |

Is your child currently on any prescribed or over-the counter medication? (If so, please provide the name of medication, dosage, time(s) of day, prescribing physician.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot (approximate if necessary) \_\_\_\_\_

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**IOWA STATE UNIVERSITY**  
Extension and Outreach



## TO BE READ AND SIGNED BY PARTICIPANT

### BEHAVIOR EXPECTATIONS OF THE PARTICIPANT

It is important to follow the directions of the staff and volunteers in charge of programs at all times. I must also abide by Iowa State University Extension and Outreach's rules and conduct expectations. I understand that, as a participant, I have the responsibility to help make the learning opportunity a safe experience for everyone through my behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them. I agree to follow the Code of Conduct for Iowa 4-H Youth and Families found at the following link: <https://iastate.box.com/v/webdoc4HP3410>.

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

## TO BE READ AND SIGNED BY PARENT/GUARDIAN

I understand that my child must be healthy and reasonably fit in order to safely participate in 4-H recreation activities and that I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect his/her ability to participate safely.

### YOUTH MEDICAL CONSENT

I understand and agree that my child (Participant named above) is sufficiently healthy and reasonably fit to safely participate in the Iowa 4-H program. I understand and agree to inform program leader(s) of any condition that may affect my child's ability to safely participate in the Program, and to work with program leader(s) to develop a written safety plan regarding my student if I have such concerns. I recognize that there may be occasions where my child may be in need of first aid or emergency medical or dental treatment as a result of an accident, illness, or other health condition or injury. Therefore, I authorize Iowa State University (the University), Iowa State University Extension and Outreach staff, County Agricultural Extension District staff, representatives, and volunteers to provide routine first aid and to seek emergency medical treatment for my child, including consenting to x-rays, examinations, and other medical diagnoses and treatments. I agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my child that may occur during their participation in the Program. As parent or legal guardian of my minor child, I am authorized to consent to the services to be rendered and I represent that my consent to and agreement to pay for medical and/or hospital care or treatment is legally sufficient and that no consent from any other person is required. In addition, I agree to hold harmless and agree to indemnify the State of Iowa, the Board of Regents for the State of Iowa, the University, Iowa State University Extension and Outreach, County Agricultural Extension District, and their staff, representatives, and volunteers from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment.

Signature of Parent or Guardian (if Participant is under age 18) \_\_\_\_\_

Date \_\_\_\_\_

### PUBLICITY RELEASE

During the Program and associated activities, photographs and video/audio recordings may be taken of you. In addition, during virtual programs, your location, setting, or other personal information may be electronically captured and displayed. Your typed name below will be considered permission for Iowa State University Extension and Outreach and the 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 or additional consideration. If you object to Iowa State University Extension and Outreach using your image or voice in this manner, please notify the program faculty or staff in writing prior to participating. \_\_\_\_\_initial \_\_\_\_\_date

### TRANSPORTATION

I understand that my child will be transported by motor coach for the majority of the trip. I understand that if personally-owned vehicles are used as transportation to and from Iowa State University (ISU) 4-H events or activities, that the owner of the vehicle is responsible for any liability that might occur during the transportation. ISU does not provide coverage for any property damage, personal injury or liability that may occur while using personal vehicles. Vehicle owners are required to carry automobile liability insurance as required by the State of Iowa. \_\_\_\_\_initial \_\_\_\_\_date

### WATER ACTIVITY RELEASE FORM

This trip may include hotel stays with swimming pools. A lifeguard will not be present. I hereby assume all risks for my child's personal injury (including death) that may result from any water activity. I do hereby release the State of Iowa; Board of Regents – State of Iowa; Iowa State University, Iowa State University Extension and Outreach, the participating county agricultural extension districts and their officers, employees, and agents from all liability, including claims and suits at law or in equity, for loss, damage, or injury, fatal, or otherwise, which may result from my child taking part in water activities while attending this trip. My child has permission to participate in water activities while participating on this trip. \_\_\_\_\_initial \_\_\_\_\_date

### RELEASE OF LIABILITY

I give my permission for myself and/or my youth to participate in the Iowa 4-H program. I understand that 4-H club project activities/events may involve certain risks of physical activity and possible injury and that Iowa State University (ISU) and its 4-H program will provide each participant with reasonable care, but that ISU cannot guarantee that I or my child will remain free of injury. In addition, some 4-H projects including but not limited to: shooting sports, horse or livestock projects, water activities, and other sporting activities have a higher degree of risk. I nonetheless wish to have myself or my child participate as an Iowa 4-H club member in the 4-H club program and ASSUME the RISK of participating. I hereby **RELEASE FROM LIABILITY AND COVENANT NOT TO SUE**, the State of Iowa; the Board of Regents for the State of Iowa; Iowa State University; Iowa State University Extension and Outreach, and the County Agricultural Extension District, and all of their respective officers, employees, agents, and volunteers (the "Releasees") from any and all liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, that may be sustained by myself or my child, or to my property resulting, in whole or in part, from my own or my child's participation in the Program, to the fullest extent permitted by law. In addition, the undersigned, on behalf of themselves and any personal representatives, heirs, assigns, and next of kin, **HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS** the Releasees from any and all liability for injury, including illness, disability, and death, and property loss or damage that may result from, arise out of, or be related to my own or my child's participation in the Program, to the fullest extent permitted by law.

I HAVE READ THIS AGREEMENT IN FULL, AND I UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature of Parent or Guardian (if Participant is under age 18) \_\_\_\_\_

Date \_\_\_\_\_