**Iowa 4-H / Iowa State University Extension and Outreach**

**Parental Permission and Participation Agreement**

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| **Participant Name (print):** |  |
| **Participant Age:** |  |
| **Parent Name:**  **(if participant is under 18)** |  |
| **4-H County:** |  |
| **Location of Travel:** |  |
| **Dates of Participation:** |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), as the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (participant name), grant permission for their participation in the travel to Platteville, Wisconsin. Participant activities include, but are not limited to travel, tours, educational activities, meals & hotel stay with swimming. This Parental Permission Agreement must be read carefully and signed by all participants and the parent or legal guardian of each participant who takes part in the 30th Annual Speak Out For Agriculture (SOFA) trip. **PLEASE READ THIS PARENTAL PERMISSION and PARTICIPATION AGREEMENT CAREFULLY.**

In consideration of Iowa State University Extension and Outreach and the 4-H Program allowing my child to participate in the trip (name and location here), I agree and understand the following:

**PURPOSE**

Participation in the SOFA group travel to the University of Wisconsin- Platteville, is a voluntary activity. The trip is paid for by a combination of donors, registration from participant as well as funds from the Adair & Cass County Extension Office, SOFA Account. It is important for all parents and guardians of participants to have information regarding the travel and carefully consider their permission for participation in this activity for their child.

**Parents should read and make themselves informed about the destination, purpose of trip, travel, and housing arrangements as well as the safety and security of this location.**

**TERMS AND CONDITIONS:**

1. Travel Arrangements – Travel arrangements have been made with joint effort from the Adair and Cass County Extension Office. Pick up will be at either the Cass County Extension Office, 805 West 10th St. Atlantic, IA 50022 or the Home Store & More 202 Kent St, Greenfield, IA 50849 on the morning of June 10, 2025. Drop off will be at the same location on the evening of June 11, 2025. Participants are responsible for finding their own transportation to the pick up & Drop Off locations.
2. Transportation – Transportation will be provided by Windstar Lines, Inc. June 10-11, 2025.
3. Housing and Meals – All club/group members will be staying at the Country Inn & Suites, 630 S Water Street, Platteville WI 53818. Male participants will have a separate bedroom from female participants. All meals are included in registration, except for supper on the evening of June 10th. Please provide money to purchase a meal as well as any additional spending money for stops/gift shops.
4. Supervision – Youth will be required to stay in a group under the supervision of the group leader(s) at all times.
5. Rules, Requirements, and Behavior Expectations (See also Code of Conduct for this event) Successful participation in this activity requires all participants to abide by rules and regulations that apply to the trip/event. It is most important to follow the directions of the club/group/activity leader(s) at all times. I understand that my child has the responsibility to help make the activity a safe experience for all participants through behavior and conduct that adheres to the standards set by the Iowa 4-H Programs. I also understand the dangers associated should my child deviate from the planned program activity and supervision of the group leader(s).
   * Participants are expected to participate in accordance with the rules and requirements as directed by the group leaders and the resort management.
   * Participants shall use the “buddy system” and never leave the group alone.
   * Participants must demonstrate respect and consideration for all group leaders and other youth participants at all times.
   * No participant shall use or possess alcohol, a tobacco product (including electronic/vaping devices), or any controlled substance.
6. Prescriptions and Medications
   * Participants taking prescription medications must arrange to take enough medication to last the entire trip.
   * Keep all prescription medications in the original containers.
   * Participants with a medical condition must wear medical alert tags and carry important information related to their condition with them.
7. Illness or Injury and Medical Treatment – Participants must immediately report any injury or illness to the group leader. The group leader has a copy of each participant’s Emergency Contact and Medical Information Form.
8. Health Condition of the Participants – By signing this Parental Permission and Participation Agreement you agree and understand that:

* Your child has the physical fitness and ability to participate safely in the activities and your child will participate within their ability and skill level.
* ISU Extension and Outreach provides a basic accident/injury insurance policy for your child. This is an excess coverage policy. You will bear all financial responsibility for any medical treatment arising from participation in this travel/program not covered by this policy.
* ISU Extension and Outreach and the of group leaders reserve the right to require that you withdraw at any time when, in their sole judgment, it is not physically safe to continue participating.
* To furnish a health statement that includes health history and emergency medical permission signatures.
* To inform the program supervisor of any medication, ailment, condition, or injury that may affect your performance in the activity.

1. Inherent Risks and Dangers – I understand that participating in the Activity will expose me to above-normal risks of injury or harm. These risks include hazardous locations, physical contact or collisions with other participants, spectators, or inanimate objects on or about the locations. I understand that this event is in itself hazardous and may result in injury to me or my child. I understand that direct supervision will not be provided and by participating in the activity, **I expose myself and my child to the risk of injuries, including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, pulled hair, ligament and/or cartilage damage, dental damage, broken bones, head, neck, or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement, or death**. Risks may include but are not limited to slipping and falling, crashing against an object or other people which may result in spraining, fractures, scrapes, bruises, dislocations, and contusions to the head, back, neck, or extremities. There is also the risk of emotional upset or anxiety. I recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my or my child’s participation in the Activity which cannot be specifically listed. Further, I recognize that the actions of other people either affiliated or not affiliated with the event organizers may cause harm or loss to my or my child’s person or property. **I understand that I am financially responsible for any medical expenses (other than those covered by an excess accident/injury policy provided by ISU Extension and Outreach) as a result of my or my child’s voluntary participation in this activity.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (participant or parent or guardian if participant is under age 18) give my permission for the above-named individuals to participate in the 30th Annual Speak Out For Agriculture (SOFA) trip (the activity). I hereby RELEASE FROM LIABILITY, IMDEMNIFY, and HOLD HARMLESS the State of Iowa, Board of Regents of the State of Iowa, Iowa State University, ISU Extension and Outreach, Adair County Agricultural Extension District, Cass County Agricultural Extension District, Pottawattamie County Agricultural Extension District, and any of the officers, servants, agents, and employees of the above-mentioned entities (hereinafter referred to as RELEASEES) for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, costs or other expenses or liabilities incurred by me and anyone accompanying me (including minors I am responsible for during this event) that occurs as a result of my or my child’s voluntary participation in this program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

**BY SIGNING THIS RELEASE AND WAIVER OF LIABILITY, I STATE THAT I HAVE READ AND UNDERSTAND THE CONDITIONS SET FORTH IN THIS RELEASE AND THAT I AGREE TO ALL CONDITIONS SET FORTH HEREIN, AND THAT I SIGN THIS VOLUNTARILY.**

|  |  |
| --- | --- |
| Participant Name (please print) |  |
| Participant Signature |  |
| Signature of Parent or Guardian  (if Participant is under age 18) |  |
| Date |  |

**This Iowa 4-H Parental Permission and Participation Agreement shall be governed by and construed under the laws of the State of Iowa, which shall be the forum for any lawsuits arising from or incident to this Agreement.**

**Iowa 4-H Medical Information/Release Form**

## PARTICIPANT INFORMATION

# Participant’s Name

Permanent Address

City, State, Zip

Date of Birth

Home Phone

Gender

## 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

Name of Family Doctor

Office Number

Name of Dentist

Office Number

## HEALTH INFORMATION *(Please Print)*

By sharing about the mental, physical, and behavioral health of your child, staff are better prepared to support youth opportunities for learning in a group setting.

Does your child have any mental, physical, or behavioral needs that we should be aware of? If yes, please list their needs so we can best support youth learning.

Does your child have any allergies (including foods, medications, or other substances)?

If your child needs medication during the planned program time, please complete the Request for Giving Prescription/Non-Prescription Medication at 4-H Event Form (<https://iastate.app.box.com/v/4HP3200>).

**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.

Participant Signature Date

**TO BE READ AND SIGNED BY PARENT OR 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.

**MEDICAL EMERGENCY PARENTAL PERMISSION**

I understand and agree that my child (Participant named) is sufficiently healthy and reasonably fit to safely participate in the 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.

Parent or Guardian Signature Date

**PUBLICITY/IMAGE/VOICE PERMISSION:** During the Program and associated activities, photographs and video/audio recordings may be taken of you or your child. In addition, during virtual pro­grams, your location, setting, or other personal information may be electronically captured and displayed. Your initials 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 or your child’s image or voice in this manner, please notify the program faculty or staff in writing before 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, 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 hearby assume all risks for my child’s personal injury (including death) that may result from any water activity. I do hearby 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 lay 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

**IOWA STATE UNIVERSITY INFORMATION:** By enrolling my child in the Iowa 4-H program, I understand that Iowa State University may send you the information about our university by email and postal mail. Your personal information will always be treated with the utmost care, and we will never share your information with entities not associated with Iowa State. This information may include but Is not limited to information about admission, scholarships, financial aid, and academics. \_\_\_\_\_\_\_\_\_initial \_\_\_\_\_\_\_\_\_\_date

**SURVEYS, PROGRAM EVALUATION AND RESEARCH:** I understand that the Iowa State University Exten­sion and Outreach 4-H Program annually assesses the extent to which youths’ engagement in 4-H learning experiences impact their lives. The overall purpose of Iowa 4-H’s program evalua­tion and research efforts is to inform and improve 4-H educational learning experiences with all Iowa youth. Throughout the 4-H programming year, youth enrolled in 4-H learning experiences may be asked via a self-assessment tool to share perceptions of changes in their knowledge and actions/practices related to engagement in 4-H learning experiences. The youth self-as­sessments do not ask for youths’ names. Youths’ self-assessment responses are confidential and results are reported in aggregate. You and your child are free to decide not to participate in any Iowa 4-H program evaluation or research project, or to withdraw your child at any time, without adversely affecting your child’s Iowa 4-H participation. Your decision will not result in any loss or benefits to which your child is otherwise entitled. Participation in any 4-H program evaluation and research effort is always voluntary.

\_\_\_\_\_\_\_\_\_initial \_\_\_\_\_\_\_\_\_\_date

**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.**

Parent or Guardian Signature Date

*(Must be signed by the parent or guardian if the participant is under 18 years old)*