Virtual Online Youth Program with ISU Extension and Outreach
Youth Participation Agreement and Parental Permission Agreement
Assumption of Risk, Release and Waiver of Liability

PLEASE READ THIS PARTICIPATION AGREEMENT, PARENTAL PERMISSION AGREEMENT, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY CAREFULLY. It is a legal contract and affects any rights you/your child may have if your child is injured or otherwise suffers damages while participating in the youth program with Iowa State University Extension and Outreach (“ISUEO”). In consideration for being permitted to participate in the program the undersigned, on behalf of themselves and any personal representatives, heirs, assigns, and next of kin, hereby acknowledges, agrees, and warrants that:

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT (TO BE READ AND SIGNED BY PARTICIPANT)
It is important to follow the directions of the faculty and staff personnel in charge of this opportunity at all times. I must also abide by ISUEO’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: ___________________________

IMAGE/VOICE PERMISSION
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 initials below will be considered permission for ISUEO and the faculty or staff in charge to photograph, film, audio/video tape, record and/or televisual 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 ISUEO using your image or voice in this manner, please notify the program faculty or staff in writing prior to participating.

______ initials _______ date

MEDICAL EMERGENCY NOTICE
I understand that I must be healthy and reasonably fit in order to safely participate in this ISU youth program. I also understand that during all virtual programs that I am solely responsible for monitoring my health and condition. If an injury or other medical condition occurs or arises, I understand that ISUEO will not be available to assist or arrange for assistance.

ASSUMPTION OF RISK, RELEASE OF LIABILITY, COVENANT NOT TO SUE, AND INDEMNIFICATION (Please read carefully.)
I acknowledge that I know, understand, and accept the potential risks associated with my child’s participation in this online Program. I understand that Program staff are not providing supervision for my child during the online program, and the University does not have control over the information available through the internet or other electronic data sources. Sites accessible through the internet or other electronic data sources may contain material that is illegal, defamatory, inaccurate, obscene, profane, or potentially offensive to others. The risks may include, but are not limited to: “Zoombombing” or other similar disruptions, cyber bullying, identity theft, hacking, intentional or inadvertent exposure to the types of materials described above, exposure to potentially triggering subject material in writing, art, or spoken word, personal injury including death, and loss or damage of personal property. Further, I hereby RELEASE LIABILITY AND COVENANT NOT TO SUE, the State of Iowa; the Board of Regents for the State of Iowa; Iowa State University; ISUEO, and Story 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 my child, or to my property resulting, in whole or in part, from 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 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.

Name of participant: ___________________________
Participant signature: _________________________
Date signed: _________________________________

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18)
This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this Agreement to my child including the risks participation and his/her/their personal responsibilities for adhering to the rules. Furthermore, my child understands and accepts these risks and responsibilities. I for myself, my spouse, and child do consent and agree to his/her/their release provided above for all the Releasees and myself, my spouse, and child/ do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child’s participation in the Program and associated activities as provided above, to the fullest extent permitted by law.

Name of parent/guardian: _______________________  
Parent guardian/signature: _______________________
Date signed: ________________________________

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

IOWA STATE UNIVERSITY
Extension and Outreach