



West Ada School District Field/Day Trip Permission/Release Form

Permission is requested for your child (student) to go on a field/day trip. To give permission for your child to attend this field/day trip, complete the information in Section II. Return the completed permission form to the staff named below along with payment if there is a charge. If this signed permission form is not returned, your child will not be permitted to attend. This form must be signed by the parent(s)/guardian(s). Both parents/guardians should sign this form.

Section I – Trip Information

NAME OF SCHOOL <small>Meridian, Rocky, Centennial, Eagle, Mountain View, Owyhee</small>		SCHOOL CONTACT Mr. Haener		TELEPHONE NUMBER 208-350-4160	
TEACHER Ms. Ford		GRADE 9-12		DATE OF TRIP June 2nd - June 6th	
DEPARTURE TIME 9:00am		APPROXIMATE TIME OF RETURN 5:00pm		COSTS PER STUDENT 100.00	
DESTINATION/PURPOSE OF TRIP FFA State Career Development Contests					
METHODS OF TRAVEL (check all that apply) **POLICY No. 702.40 <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> PRIVATE CHARTER BUS <input type="checkbox"/> PRIVATE VEHICLE** <input checked="" type="checkbox"/> OTHER Private Charter Bus and Vans					

Please Note:

- o Each person transporting the student in a private vehicle must show proof of current automobile liability insurance to the school supervisor and to the parents/guardians of the student traveling in the vehicle upon request. Volunteer drivers are required to carry minimum insurance requirements. Please note that the vehicles insurance is the primary liability insurance.

SECTION II – PARENTS / LEGAL GUARDIAN APPROVAL

NAME OF STUDENT (last, first, middle initial)		TRIP DESTINATION Moscow, Idaho	
GUARDIAN NAME		CELL PHONE #	BUSINESS TELEPHONE #
EMERGENCY CONTACT: NAME:		NUMBER:	RELATIONSHIP:
PHYSICIAN NAME		PERMISSION TO SWIM GRANTED (If Applicable): <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NON-SWIMMER <input type="checkbox"/> BEGINNING <input type="checkbox"/> SKILLED <small>Please note that students who are marked as "Non-Swimmer" will not be permitted to swim.</small>	
STUDENT INFORMATION (please be specific) Food Allergies:		If food allergies exist, meals will be provided by <input type="checkbox"/> By Parent <input type="checkbox"/> By School	
EMERGENCY MEDICATIONS NEEDED:		WHO WILL DISPENSE AND CARRY:	
OTHER MEDICATIONS NEEDED WHILE ON TRIP:		WHO WILL DISPENSE AND CARRY:	
(OPTIONAL, ADDITIONAL FOOD ALLERGIES, MEDICATIONS, OR HEALTH CONCERNS (ATTACH ADDITIONAL PAGES AS NEEDED))			

*Attach any additional pages, if needed, including any relevant provisions in the student's IEP, 504, Health Care Plan, etc.

I agree and my child agrees to abide by all District, school and activity/event rules, regulations, policies, and safety precautions relating to this field/day trip activity. I am aware that during this trip, certain risks are inherent. I understand that this field/day trip activity may involve certain conditions, hazards, and potential dangers including those associated with traveling in the above-chosen method of travel or those associated with the facilities or property where the field/day trip will occur – whether the dangers are open and obvious or concealed. I acknowledge that any questions which I have were answered to my satisfaction. My child is participating in these activities of my own free choice. My signature acknowledges that I have been informed of the reasonably expected hazards associated with the field/day trip in which my child will be participating. Individually, on behalf of my student and on behalf of my student's other parent/guardian, I do hereby release and agree to defend, indemnify, and hold harmless West Ada School District, including its trustees, agents and employees, from any and all loss, liability, claims, damage, or demands for personal injury, sickness, or death, as well as property damages and expenses, of any nature whatsoever which may be incurred in this event/activity. In the event of an emergency, reasonable attempts will be made to contact the parent(s)/guardian(s). This would not prevent the emergency health care provider from acting in the best interests of the child. **I authorize emergency medical treatment for my child in the event of an accident or illness during this activity/event.**

_____ Student signature	AND	_____ Parent/Guardian Signature	_____ Date
		_____ Parent/Guardian Signature	_____ Date
	OR	_____ Emancipated Student Signature	_____ Date

Meridian FFA _____ - Idaho FFA State CDEs
CTSO _____ Name of Event/Activity _____

Date(s) of Event: 6/ 2/ 25- 6/ 6 /25 _____

Estimated Student Cost to Attend: \$ 125.00

Estimated Cost of Trip: \$125.00 _____



I acknowledge and agree with the following:

In the event I am not able to travel with Meridian FFA _____ for any reason, including failing grades, I am responsible for any costs incurred by Meridian FFA _____ or WASD that is not refundable. I will not be refunded any payments I have made towards the event unless Meridian FFA _____ or WASD is refunded first. This includes registration fees, airline tickets, lodging, meals and/or any prepaid costs associated with the trip.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Print Student Name: _____

Student Signature: _____ Date: _____

This form must be completed w/signatures and returned to your advisor by _____

Parent Contact Information:

Parent email: _____

Parent phone: _____

University of Idaho

College / Dept	College:	Agricultural and Life Sciences	Department:	Agricultural Education, Leadership & Communications	
Activity Name	Idaho FFA Career Development Events	Date:	June 3, 2025 through June 6, 2025	Location:	ID
Participant's Name	(First)	(Last)	(Age)	[] Male	[] Female
Address	(Home Address)			(City, State, Zip)	
Phones	(Cell)			(Home)	
Emergency contact(s)	Primary Contact Name:			(Relationship)	
	WORK PHONE:		HOME PHONE:	CELL:	
	Secondary Contact Name:			(Relationship)	
	WORK PHONE:		HOME PHONE:	CELL:	
<p>PLEASE NOTE: Hospitals and clinics require proof of coverage before providing treatment unless a life threatening situation exists. It is suggested that participants bring a copy of their insurance card. The participant is responsible for all medical expenses.</p>					

Acknowledgment of Risk and Waiver of Liability

Read this carefully and in its entirety. It is a binding legal document. **Sign and return** this form to 1134 W 6th St. Moscow, ID 83844. **If you are under the age of 18**, this form must be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned participant or parent/guardian, am aware that participation in the Idaho FFA Career Development Events ("Activity") may include activities that are risky and dangerous. Both participant and his/her parent(s) / guardian(s) ("I") acknowledge and accept the risks and give permission for my participation in the Activity. I acknowledge that participation in this Activity has the following non-exhaustive list of particular activities that **bear risk and danger and from which bodily injury or illness to myself, or my child, up to and including death**, may occur: being in unfamiliar social and physical environments; academic learning opportunities while on campus or off; agricultural mechanics methods activity, including but not limited to use of arc and acetylene welding equipment and tools, tool reconditioning and repair, small engine troubleshooting, electrical and wiring problem solving, and copper and PVC pipefitting, soldering and gluing; agronomy methods activity, including but not limited to exposure to plants, insects, animals and chemicals; food products methods activity, including but not limited to exposure to bacteria, meats and milk products; forestry methods activity, livestock evaluation methods activity, including but not limited to, contact and access to farm animals, and chemicals; all of these physical activities related to the participation in, observation of, practice of, and /or competition in a variety of activities that would involve strenuous exertion that could place stress on cardiovascular and/or musculo-skeletal systems and result in cuts, punctures, broken bones, strain, sprains, eye injuries, joint injuries, heart malfunctions, concussions, and head injuries; contact or collision with objects, participants or bystanders in the environment; being hit or struck by items used in the activities or in the environment; risks related to transit to or from the Activity locations including, but not limited to, travel by private auto; rented bus; and van, including travel in unpredictable or extreme weather conditions that affect the method of travel safety; use or operation, by me or others of equipment in the condition in which they are found; exposure to inclement weather including, but not limited to sun, rain, wind, and extremes of heat that could cause injury or illness including but not limited to heat exhaustion or stroke, sunburn, and dehydration; staying overnight in campus housing; and in commercial hotel; contact with animals, plants, insects and biological or environmental hazards; use of facilities, roads, sidewalks, parking lots, and trails that may or may not be properly maintained; activities supplemental to the Activity, such as walking or hiking to and from sites of interest; exposure to contaminated food and untreated water; risk related to the rendering or receipt of emergency first aid, or other emergency treatment, and transport in medical emergencies; accident or illness in locations without access to appropriate medical facilities or supplies; exposure to infectious disease and/or illnesses; and other unknown and unanticipated activities and risks.

In consideration of the University of Idaho ("UI") permitting me/my dependent to participate in the Activity, **I and my dependent hereby voluntarily accept all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, the Regents of the University of Idaho, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever that may arise out of or in connection with my participation in any activities related to the above-named Activity. I understand I am responsible for all medical expenses and/ or property losses.**

It is my express intent that this Acknowledgment of Risk and Waiver of Liability shall serve as a release, discharge and acceptance of risk for my heirs, estate, executor, administrator, assigns and all members of my family. The venue of any dispute that may arise out of my or my dependent's participation in the Activity, if the University is a party to the dispute, shall be in Latah County, Idaho.

I acknowledge that the university makes no representation with respect to the safety of any personally owned vehicle in which I may travel, or with respect to the qualifications of the driver of any personally owned vehicle. I understand that if I choose to travel in a personally owned vehicle, it is my responsibility to determine the safety of the vehicle and qualifications of the driver.

I hereby certify that, with or without accommodation, I and/or my dependent is in good health and I know of no medical reason why I/he/she is not able to participate in this Activity. As a participant or parent or legal guardian of a minor participant, I hereby consent to the provision of health care services, including first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment of injuries or illness that I/he/she may sustain while participating in any activity associated with the above named Activity whether by a licensed or certified health care professional or other individual employed by the University or supporting any university programing.

If this is a University of Idaho sponsored and conducted Activity, and if I or my dependent has a disability, food or drug allergy, dietary requirements, or any condition requiring accommodation, I will contact the **Center for Disability Access and Resources (208) 885-6307 at least three weeks (21 days) prior to the start of the Activity**. If this is not a University of Idaho Activity, even if the Activity is being held at University of Idaho facilities, I will contact the organization that is conducting the Activity.

Whether or not I am a student, I will abide by: the University of Idaho Student Code of Conduct, Articles II through IX at <https://www.uidaho.edu/governance/policy/policies/fsh/2/2300>; the behavioral expectations of the Activity; and all applicable city, state and federal laws. My failure to do so may be considered grounds for denying my/my dependent's participation in the Activity.

I agree that you may photograph or video me in connection with the Activity. I agree that you shall be the exclusive owner of all images and all copyright and other rights in the images. I agree that you may use any image in any media you wish related to the University of Idaho. **If you DO NOT GIVE PERMISSION TO PRODUCE OR USE IMAGES, CHECK HERE ().**

I () do () do not **(please check one)** authorize the University of Idaho to use my or my child's/dependent's contact information to inform me/him/her of upcoming university events and activities.

Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.

PARTICIPANT'S SIGNATURE	PARENT / GUARDIAN SIGNATURE
Participant's Name (PLEASE PRINT):	Parent/ Guardian Name (PLEASE PRINT):
Participant's Signature (PLEASE USE BLUE INK):	Parent/ Guardian Signature (PLEASE USE BLUE INK):
X	X
Date:	Date:

PARTICIPANT ALLERGEN RELEASE FORM

All participants in Milk Quality and Products and Food Science Career Development Events MUST complete this form and submit it to the CDE Superintendent or representative prior to participation in the events. ALL signatures MUST be present for the student to be allowed to participate in the CDE.

We, the undersigned, have read the list of items used to prepare the milk defects as stated in the Idaho State FFA Career Development Event Rules under the section labeled:
Procedures for Preparing Samples of the Common Off-Flavors of Fluid Milk

The participant acknowledges no allergies to the listed ingredients and acknowledges that the Dairy Food Products used in the event MAY have come into contact with potential allergens. The participant and guardian(s) acknowledge that they have received this information and are aware of potential allergen risks.

By signing below, the student, (print name) _____ of the Meridian FFA Chapter is given permission to participate in the Idaho FFA Milk Quality and/or Food Science Career Development Events considering the parameters outlined above.

Signed,

Participant

Parent / Guardian

Advisor