IOWA STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY

Participation Agreement, Parental Permission Agreement, Assumption of Risk, Release, and Waiver of Liability and Emergency Medical Information

Crop Scouting Competition 2016

PLEASE READ THIS AGREEMENT 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 Crop Scouting Competition 2016 and related activities.

PLEASE NOTE: This Agreement must be read and signed by every participant as well as the parent or guardian of each participant under 18 years of age.

PARTICIPANT INFORMATION

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<tr>
<th>Participant’s Name</th>
<th>Participant’s Age</th>
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<tr>
<td>Permanent Address</td>
<td>Date of Birth</td>
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<tr>
<td>City, State, Zip</td>
<td>Home Phone</td>
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PROGRAM DESCRIPTION
The Integrated Pest Management Program at Iowa State University is hosting the Crop Scouting Competition on August 2, 2016 at the Field Extension Education Laboratory. High school students (those completing grades 9-12) from Iowa are invited to compete and showcase crop scouting abilities in corn and soybean. The competition will be a one day event focusing on outdoor learning. Sponsors have included DuPont Pioneer, Iowa Soybean Association, Iowa Independent Crop Consultants Association, and Iowa Certified Crop Advisors. The purpose is to provide students an opportunity to learn crop scouting and principles of IPM for corn and soybean and to obtain knowledge and skills helpful in future careers related to agricultural and environmental sciences. Participants are supervised by team leaders accompanying participants to the competition.

Date: August 2, 2016
Location: Field Extension Education Laboratory at 1928 240 St., Boone, IA.
Time: Registration begins at 8am. Competition starts at 8:30am.
Meals: Lunch, beverages, and snacks will be provided.

In consideration of Iowa State University allowing ____________________ (participant name) to participate in the Crop Scouting Competition 2016 and related activities, Participant’s and Parents/Guardians agree to the following terms:

INHERENT RISKS
I fully understand and acknowledge that there is a risk of injury from participating in the Crop Scouting Competition 2016 and while performing related activities. Including, but not limited to:

Exposure to sun burn; heat injury; walking on uneven ground
TRANSPORTATION
☐ will be responsible for drop-off and pick-up of my child from this event.
☐ My child will drive himself/herself to and from this event.
☐ My child will take school-provided transportation to and from this event. School/district: ________________________________
☐ NAME OF DRIVER): _____________________________ will drop-off my child for this event.
☐ NAME OF DRIVER): _____________________________ will pick-up my child after this event.

I understand that personally-owned automobiles used in conjunction with this activity are not insured by ISU for liability or property damage. Vehicle owners are required to carry auto liability insurance as required by the State of Iowa.

IMAGE/VOICE PERMISSION
Photographs or video/audio recordings may be taken of you and/or your child during Crop Scouting Competition 2016 activities. Unless you request otherwise, this Participation Agreement will be considered permission for Iowa State University and the Integrated Pest Management Program to photograph, film, audio/video tape, record and/or televis you and/or your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to ISU using you and/or your child’s image or voice please notify Crop Scouting Competition 2016 leaders in writing upon submission of this agreement.

SURVEY OF EVENT PARTICIPANTS
At the conclusion of the competition, youth participants will be asked to participate in a questionnaire about their experiences related to the Crop Scouting Competition 2016. Information from this questionnaire will be used by program leaders to 1) improve future competitions, 2) report event outcomes to event sponsors, 3) inform and populate research reports, and 4) any other use determined applicable by event program leaders. Unless you request otherwise, this Participation Agreement will be considered permission for Iowa State University and the Integrated Pest Management Program to administer the survey. If you object to ISU administering the survey to you and/or your child, please notify Crop Scouting Competition 2016 leaders in writing upon submission of this agreement.

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT
It is important to follow the directions of the program leader(s) at all times. I understand that, as a participant, I have the responsibility to help make the activity 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 ___________________________

MEDICAL EMERGENCY CONTACT INFORMATION
Person to Contact First:
Name ___________________________ Relation to Participant ___________________________
Name ___________________________ Relation to Participant ___________________________
Daytime Phone ( ) ___________________________ Phone ( ) ___________________________
Evening Phone ( ) ___________________________ Evening Phone ( ) ___________________________

MEDICAL EMERGENCY PARENTAL PERMISSION
I understand that my child must be healthy and reasonably fit in order to safely participate in Crop Scouting Competition 2016 activities. My child or I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect his/her ability to participate safely. If an injury or other medical condition occurs or arises, I hereby give permission to the ISU representatives to provide routine first aid and seek emergency treatment including X-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible to the attending physicians or health care unit. In the event of an emergency where the Emergency Contact listed above cannot be reached, I give permission to the physician/hospital selected by ISU representatives to secure and administer treatment for my child, including hospitalization.

**INSURANCE INFORMATION: ISU does not provide health insurance for participants in this event/activity.**

Yes The above-named participant is covered by health insurance.

No If no, initial this line stating that you do not have health insurance and are aware that Iowa State University does not carry any health insurance for you.

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY (Please read carefully.)**

I give permission for ____________________________ to participate in Crop Scouting Competition 2016 activities at Iowa State University. I understand that the activities/events may involve certain risks of physical activity and possible injury and that Iowa State University will provide each participant with reasonable care, but that ISU cannot guarantee that my child will remain free of injury. I nonetheless wish to have my child participate in the activities and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS Iowa State University; State of Iowa; Board of Regents - State of Iowa; and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child’s participation in the Crop Scouting Competition activities. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence. I hereby further agree that this Agreement shall be construed in accordance with the laws of the State of Iowa.

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