

## Permission/Waiver of Liability Form

All participants must complete the Permission/Waiver of Liability Form located on the next page of this packet. This form must be filled out completely by every individual coming to campus for State CDEs. Agriculture teachers should keep these forms in a file that is accessible at all times in case there is an emergency. The Permission/Waiver of Liability Form is NOT to be turned in to the Department of Agricultural and Extension Education.

**YOU MUST COMPLETE A FORM FOR EACH FFA MEMBER THAT YOU BRING TO MOSCOW. A PARENT OR GUARDIAN MUST SIGN IT.**

**PLEASE DUPLICATE THE HEALTH RELEASE FORM AND BRING ONE FOR EACH STUDENT.**

Name: \_\_\_\_\_  
(First) (Last)

County: \_\_\_\_\_ District: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Phone: \_\_\_\_\_  
(Home) (Work) (Cell)

### Emergency Contact & Insurance Information

Contact 1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Contact 2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Medical Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

*\*PLEASE NOTE: Hospital requires SSN before providing treatment and suggests that participants bring a copy of their insurance card. Participants are covered by an American Income Life accident/illness policy while participating in activities sponsored by our program. In the event of injury or illness arising from participation in program activities, American Income Life must be notified within 20 days of the date of illness or injury. The Program staff will have information on filing claims. Insurance provided through American Income Life provides only limited protection for injuries or illnesses which occur while participants are participating in program activities, and the participant's family is responsible for all medical expenses not covered by program insurance.*