

**WASHINGTON STATE UNIVERSITY (WSU)  
PARENTAL OR GUARDIAN CONSENT TO PARTICIPATE IN WSU DAIRY CATTLE  
PRODUCTION EVENTS AT THE WSU KNOTT DAIRY CENTER  
RELEASE AND ASSUMPTION OF RISK FOR PARENT OR GUARDIAN CLAIMS**

**PARENT OR GUARDIAN CONSENT**

I am the parent or guardian of the child/children (minor under the age of eighteen [18]) or other person legally incompetent to contract whose name is set forth below. I certify that I am authorized to make decisions on that person's behalf.

In consideration for and as a condition of my child being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist. The dairy cattle production events on April 1-3 involve working with calves that are approximately two months old in a barn setting. Participants will receive instruction in handling calves prior to their introduction to the calves.

**I understand that if I allow my child to participate in the Cattle Production Events my child may be exposed to risks of personal injury and/or death and property damage or loss including, but not limited to the following: the danger of tripping/falling in a dairy environment, which includes both natural (uneven ground, rocks) and man-made (tools, ladders, machinery) hazards; handling and manipulating farm stock may result in injury to ligaments, muscles, tendons and other aspects of the musculoskeletal system. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur that WSU cannot specifically anticipate and list here.**

I understand that Washington State University provides no medical insurance for participants and it is my responsibility to maintain health insurance coverage for my child while participating in this activity.

**PARENT OR GUARDIAN'S RELEASE  
OF CLAIMS AND LIABILITY**

I am responsible for and allow the person whose name is set forth below to participate in the above event, on Washington State University (WSU) property. The person whose name is set forth may participate in related activities as well. I personally and voluntarily consent to the involvement of the person whose name is set forth below.

I release the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents from any claims I may have by virtue of my role as parent or guardian and from all liability derived from my status as parent or guardian. This includes all liability, claims, costs, expenses, injuries and/or losses, which I may sustain, derived from my role as parent or guardian as a result of the participation of the below-named child or other legally incompetent person in the above event.

I have carefully read this document, understand its contents, am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I sign it freely and voluntarily.

DATED THIS \_\_\_\_ DAY of \_\_\_\_\_, 201\_\_.

Name of minor or other legally incompetent person\_\_\_\_\_

Parent or Guardian's Name (Printed) \_\_\_\_\_

Parent or Guardian's Signature\_\_\_\_\_

Witness's Name (Printed) \_\_\_\_\_

Witness's Signature\_\_\_\_\_