### STRIDE™ Youth Leadership Conference

**PARTICIPATION AGREEMENT**

 I understand that the Professional Dairy Producers of Wisconsin, (“PDPW”), is acting as facilitator of STRIDE, (the "Program"). As a condition to take part in the Program, every Participant and/or a parent or guardian on behalf of each minor Participant (i.e. under the age of 18) must read and sign this document and agree to be bound by the terms herein. I hereby waive any right I may have to bargain for different Participation Agreement, including the provisions regarding assumptions of risk and release of liability.

PHOTOGRAPHS AND VIDEO. I hereby authorize and give my full consent to PDPW to copyright and/or publish any and all photographs, videotapes and/or film in which the Participant may appear while attending the Program. I further agree that PDPW may transfer, use or cause to use, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, internet websites, art and advertising purposes, and television programs, without any limitation or reservation.

ASSUMPTION OF RISKS. I understand that the Program is a hands-on training session, during which the Participant may visit a working farm, have contact with livestock, dissect animals using sharp tools and participate in other activities, which are inherently dangerous. As a result, I understand that the Program involves risks of serious bodily injury, including, but not limited to, temporary or permanent disability, paralysis and death, which may be caused by the Participant’s own actions, inaction or negligence, the actions, inaction or negligence of other Program participants or of PDPW and/or PDPW’s representatives, or the conditions in which the Program takes place; and that there may be other risks either not known to me or not readily foreseeable at this time. I acknowledge that if I and/or my minor Participant believe event conditions are unsafe, I and/or my minor Participant will be responsible to immediately inform the PDPW representatives of his or her safety concerns and to immediately discontinue participation in the Program or that part of the Program the I or the Participant considers unsafe.

RELEASE OF LIABILITY. I also release, waive and discharge and hold harmless, PDPW and its employees, representatives, successors or agents (the “PDPW representatives”), from any and all actual or threatened claims, damages, losses and other causes of action and/or costs, including reasonable attorney fees, of any kind or nature, including, but not limited to, injury, disability, death and any other direct, indirect, incidental, consequential, special or punitive damages arising out of or relating to the Participant’s participation in the Program and related activities, except the Participant’s claims caused by the gross negligence or willful misconduct of PDPW or any PDPW representative.

CELL PHONES; KEYS; LOCK-IN. I agree that, upon arrival at the Program, the Participant will turn over to PDPW’s custody any and all cell phones or other communication devices along with all keys the Participant has in his or her possession for any vehicles at the Program site. I acknowledge and understand that this Program is a temporary “Lock-In” and these requirements are reasonably necessary to meet such objectives. If I am executing this document on behalf of my minor Participant, he or she will not be allowed to leave the Program without my prior consent or the prior consent of another parent or guardian of the Participant. However, if a minor Participant leaves without such consent, PDPW will give notice to a parent or guardian of the minor Participant, as soon as is practical. If I am executing this document as an adult Participant, I agree not to leave the Program site, unless an emergency situation or other valid reason exists. If I do leave, I consent to PDPW notifying my parent or guardian that I am leaving or have left the Program. PDPW shall have no responsibility, of any nature, for any adult or minor Participant after he or she has left the Program, whether prior to or after its termination.

MEDICAL AUTHORIZATION. In the instance of an emergency, PDPW and any of its employees and agents participating in the Program (the “PDPW representatives”) are granted the authority to provide me, if the Participant, or my minor Participant with first aid and to summon emergency medical personnel and seek emergency treatment, as PDPW or the PDPW representative may deem appropriate.

THE UNDERSIGNED HAS READ AND FULLY UNDERSTANDS THIS AGREEMENT, INCLUDING, BUT NOT LIMITED TO, THE PROVISIONS REGARDING ASSUMPTION OF RISK AND RELEASE OF LIABILITY, AND AGREES TO BE BOUND BY THIS AGREEMENT.

 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Printed

 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Participant’s parent or legal guardian

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Printed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address

### STRIDE

**INFORMATION FORM**

Instructions: Please email completed form to mail@pdpw.org or bring with you the day of STRIDE (the “Program”). Please bring the original with you on the first day of the Program.

Participant:

Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If unable to reach Parent/Guardian in an emergency, please notify:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSURANCE INFORMATION All Participants must have their own medical/accident insurance coverage and notify the camp/clinic of any changes or cancellations.

Medical insurance company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HMO\_\_\_\_ PPO\_\_\_\_

Policy number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subscriber Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subscriber number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subscriber ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_