

Liability Wavier for Jr. Crop Scouting Field Day & Tour
North Prairie Ag, Nekoma
July 15, 2025

Participant Name(s): _____

Address: _____

City: _____ State: _____ Postal/Zip code: _____

Home Tel: () _____ Cell: () _____

E-mail address: _____

Who to contact in case of emergency: (*name*) _____

Relationship: _____ Phone number of emergency contact: _____

I agree to the terms and conditions of registration and understand that I will be required to sign a standard liability release before participating in any NDSU Extension activities.

Guardian Signature: _____ Date: _____

Please bring your release of liability form to the tour or submit it in google form when you register.



Participation Release of Liability

As parent/guardian, I agree to each of the statements below on my own behalf and on behalf of the registrant. The registrant, if eighteen years of age or older, agrees on his or her own behalf.

Participant Name: _____

I hereby release, waive, discharge, and covenant not to sue North Dakota State University and North Prairie Ag, its officers, agents, employees, and North Dakota 4-H all of which hereinafter known as "NDSU" from all liability to the undersigned. In consideration of being permitted to participate in North Dakota 4-H, the undersigned in full recognition and appreciation of the dangers and hazards inherent in the above activity, does hereby agree to assume all the risks and responsibilities surrounding my participation therein, and further, do for myself, my heirs, and personal representatives, hold harmless, release and forever discharge NDSU and North Prairie Ag from and against any and all liability damages, claims, demands, actions, or causes of action, on account of damage to personal property or personal injury or death which may result from my participation therein whether caused by the negligence of NDSU and North Prairie Ag or otherwise. The undersigned hereby assumes full responsibility for, and risk of bodily injury, death or property damage due to the negligence of the releases or otherwise while in, about or upon the premises of NDSU and North Prairie Ag or while participating in the above-described event.

I _____ (*print your name*) have read and understand this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign freely and voluntarily without any inducement.

Guardian Signature

Date

Individuals with disabilities are invited to request reasonable accommodations to participate in NDSU-sponsored programs and events. To request an accommodation(s), please contact NDSU Extension Ramsey County at 701-662-7027 by July 1, 2025 to make arrangements.



www.ag.ndsu.edu/extension

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