

University of Idaho
Livestock Project

Registration / Permission / Waiver

Signature of landowner or authorized agent _____

I hereby certify that, with or without accommodation, I and/or my dependent is in good health and I know of no medical reason why I/he/she is not able to participate in this Activity. I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries or illness that I/he/she sustains while participating in the activity or associated with the activity.