



**Western National Rangeland
CAREER DEVELOPMENT EVENT
PARENTAL CONSENT FORM**

Student Information (please print)

Child's Name _____ Age _____ Gender _____
School/FFA Chapter _____ Advisor Name _____
Parent(s)/Guardian(s) _____ Email _____
Address _____ City _____ State _____ Zip _____
Phone: (home) (_____) _____ (work) (_____) _____ Name at work _____

Parental Permission

I hereby give my full permission for my child to participate in the Western National Rangeland Career Development Event (WNRCDE). This event will receive publicity through the land-grant universities involved and the FFA program. I give permission for photographs taken of my child that may be used for educational or promotional purposes. I waive any right that I may have to inspect or approve the finished product that may be used in connection with or the use to which it may be applied.

I understand and agree the teacher/advisor has the right to dismiss my child for due causes and that neither the teacher/advisor nor the event organizers will be responsible for any accidents or injuries sustained by my child. He/She will at no time be placed in a situation that could be considered hazardous.

Parent/Guardian signature _____ Date _____