WVU Parkersburg

2026 F2S Agrication

(9th-12th Grades)

Name: Date

Street:

City: State: Zip:

Email to receive information: Phone:

Birth Date: Age: (F2S Agrication is designated to grades 9-12.)

Gender: □ M □ F

WVU Parkersburg is an Equal Opportunity institution and does not discriminate on the basis of race, sex, pregnancy, age, disability, veteran status, religion, color, ancestry, or national origin in admission, employment, educational programs or activities; nor does it discriminate on the basis of genetic information in employment or employee health benefits. Further, faculty, staff, students, and applicants are protected from retaliation for making complaints or assisting in investigations of discrimination. WVU Parkersburg will take steps to ensure that a lack of English language skills will not be a barrier to admission and participation in career and technical education programs. Mary Bentz, Executive Director, Human Resources & Compliance, 304-424-8212, WVU Parkersburg, 300 Campus Drive, Parkersburg, WV 26104.

Emergency Contact Information

Name:

Address:

Phone: Relationship:

List any medical situations WVU Parkersburg staff and instructors should be aware of:

List any food allergies/restrictions/sensitivities WVU Parkersburg staff and instructors should be

aware of:

Authorized to pick student up from F2S Agrication: (list ALL people authorized to pick up) Name(s):

I have registered my child for Summer 2025 F2S Agrication and I hereby give consent for the image of my child to be used in media, electronic, photograph, video or audio manner in any way deemed appropriate for educational, instructional and institutional advancement materials which support the educational and outreach activities of WVU Parkersburg. I will make no monetary or other claim against WVU Parkersburg for use of such items. I understand WVU Parkersburg is not liable for injuries or lost items. I understand that my child can be withdrawn from F2S Agrication for disruptive conduct or any conduct deemed as bullying.

PARENT SIGNATURE_____ DATE:_____

Drop off (8:00 a.m. – 8:30 a.m.) and pick up (3:00pm - 3:15 p.m.) for F2S Agrication is at The Riverhawk Farm. We will begin at 8:30 a.m. each day, and release at 3 p.m. Each child must be signed out at the end of each day by an authorized parent or guardian. Make sure you have included a contact number where you can be reached throughout the day. If you need to reach me, please do so by Phone or Email at 304-424-8343 or Jesse.Jameson@wvup.edu. I will respond as soon as possible. If there is an emergency, contact WVU Parkersburg security by calling 304.424.8000.

☐ My child will be driving themselves to and from The Riverhawk Farm.(Please initial the box.)

Kid-friendly foods are provided each day. If you want to provide a sack lunch for your child, or money to buy cafeteria food, you are welcome to do so. *Kids are not to buy food for other kids, no drinks out of the vending machines, and no energy drinks or coffee at the cafeteria.*

The Riverhawk Farm Address:
508 Nicolette Rd. Parkersburg, WV 26104

DEADLINE: Registration MUST be received by JUNE 8th.

Please write a 1,2,3 & 4 in the boxes of the sessions you would prefer. 1 being your first choice. (Please note: Sessions may need to be adjusted due to capacity.) You may only register for ONE Session per child.

	June 15th – June 26th (Session 1)
	June 29th – July 10th (Session 2)
	July 13th – July 24th (Session 3)
	July 27th- Aug 7th (Session 4)

Please Contact Jesse Jameson(Agrication Coordinator) at Jesse.jameson@wvup.edu if you have any questions or concerns.

PERMISSION FORM

EVENT NAME: Farm 2 School Agrication at The Riverhawk Farm

DATES OF EVENT: June 15th-August 7th 2026

BEGINNING TIME: 8:30 a.m. ENDING TIME: 3:00 p.m.

I give permission for my child, _____ (Child's name) to be at WVU Parkersburg Riverhawk Farm and I understand that my child will participate in farm activities such as; safety training, tractor operations, landscape maintenance, crop care,

livestock management and other day-to-day farm operations. These activities will be provided and supervised by WVU Parkersburg instructors/coordinators.

☐ I do NOT give permission for my child to operate equipment such as; tractors and mowing equipment.(Please Initial the box)

PARENT/GUARDIAN SIGNATURE DATE

WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION OF the risk of injury that exists while participating in F2S AGRICATION PROGRAM (hereinafter the "Activity"); and

IN CONSIDERATION OF my desire to participate in said Activity and being given the right to participate in same;

I HEREBY, for myself, my heirs, executors, administrators, assigns, or personal representatives (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian if Releasor is under 18 years of age), knowingly and voluntarily enter into this WAIVER AND RELEASE OF LIABILITY and hereby waive any and all rights, claims or causes of action of any kind arising out of my participation in the Activity; and

I HEREBY release and forever discharge WEST VIRGINIA UNIVERSITY AT PARKERSBURG , located at WVUP Campus Locations, Parkersburg, West Virginia 26104, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns (collectively "Releasees"), from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO: PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL TO AND FROM THE ACTIVITY, OR FROM CONDITIONS AT THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY.

I FURTHER AGREE to indemnify, defend and hold harmless the Releasees against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs.

I FURTHER ACKNOWLEDGE that Releasees are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Releasees. In the event that I should require medical care or treatment, I authorize West Virginia University at Parkersburg to provide all emergency medical care deemed necessary, including but not limited to, first aid, CPR, the use of AEDs, emergency medical transport, and sharing of medical information with medical personnel. I further agree to assume all costs involved and agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I FURTHER ACKNOWLEDGE that this Activity may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. I agree not to participate in the Activity unless I am medically able and properly trained, and I agree to abide by the decision of the West Virginia University at Parkersburg official or agent, regarding my approval to participate in the Activity.

I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE West Virginia University at ParkersburgAND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY

AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST West Virginia University at Parkersburg FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for ordinary negligence, this release is also for such negligence on the part of West Virginia University at Parkersburg, its agents, and employees.

I agree that this Release shall be governed for all purposes by West Virginia law, without regard to any conflict of law principles. This Release supersedes any and all previous oral or written promises or other agreements.

In the event that any damage to equipment or facilities occurs as a result of my or my family's or my agent's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any such actions of neglect or recklessness.

THIS WAIVER AND RELEASE OF LIABILITY SHALL REMAIN IN EFFECT FOR THE DURATION OF MY PARTICIPATION IN THE ACTIVITY, DURING THIS INITIAL AND ALL SUBSEQUENT EVENTS OF PARTICIPATION.

THIS AGREEMENT was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both Participant, _____ and West Virginia University at Parkersburg agree that this agreement is clear and unambiguous as to its terms, and that no other evidence shall be used or admitted to alter or explain the terms of this agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

In the event of an emergency, please contact the following person(s) in the order presented:

Emergency Contact Contact Relationship Contact Telephone :

I, THE UNDERSIGNED PARTICIPANT, AFFIRM THAT I AM OF THE AGE OF 18 YEARS OR OLDER, AND THAT I AM FREELY SIGNING THIS AGREEMENT. I CERTIFY THAT I HAVE READ THIS AGREEMENT, THAT I FULLY UNDERSTAND ITS CONTENT AND THAT THIS RELEASE CANNOT BE MODIFIED ORALLY. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND THAT I AM SIGNING IT OF MY OWN FREE WILL.

Participant's Name:

Participant's Address:

Signature:

Date:

PARENT / GUARDIAN WAIVER FOR MINORS

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

I HEREBY CERTIFY that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent / Guardian Name:

Relationship to Minor:

Signature:

Date: