

First Name  Last Name

College/Company  Sex

College Address

City  State  Zip Code

Phone Number

Cell Number

e-mail

Career Goal

Salary expectation as you enter workforce

Student/Coach

Previous Regional Dairy Challenge (check for Yes)

Previous National Dairy Challenge (check for Yes)

Previous Dairy Challenge Academy (check for YES)

Anticipated Graduation Year

Some of the boxes below will have Yes/No or other answers-be sure to check the pull-down arrows for those.

**Skills Assessment for placement on an Aggregate Team**

**0=no knowledge**  
**1=a little knowledge**  
**2=some experience**

**3=average**  
**4=better than average experience/understanding**  
**5=extensive experience/this is what I am really good at**

Dairy Computer Records Program choice <input type="text"/>	Milk Quality <input type="text"/>	Oral Presentation <input type="text"/>
Skill level for Dairy Records <input type="text"/>	Genetics <input type="text"/>	Power Point <input type="text"/>
Nutritional Management/Ration Balancing <input type="text"/>	Reproductive Programs <input type="text"/>	Data analysis/Microsoft Excel <input type="text"/>
Facilities/Cow Comfort <input type="text"/>	Disease/Animal Health <input type="text"/>	Interpersonal Communication/Team Player <input type="text"/>
Commercial Experience/Internship <input type="text"/>	Farm Business Management/Financial Accounting <input type="text"/>	Do you prefer to be a leader or one of the workers? <input type="text"/>
Type of dairy housing most familiar with <input type="text"/>	Nutrient/ Crop Management <input type="text"/>	Will you go along with a consensus opinion if different than yours? <input type="text"/>
	Milking Management <input type="text"/>	In a debate, do you usually do most of the talking? <input type="text"/>
	Labor Management <input type="text"/>	Will you allow others to dominate the debate? <input type="text"/>

# North American Intercollegiate Dairy Challenge - 2017

## Authorization for Personal Information Release

In consideration of the **North American Intercollegiate Dairy Challenge** requiring involvement in student and sponsor activities as part of the participation in the **North American Intercollegiate Dairy Challenge** activities, I, the undersigned, agree as follows:

### Parties authorized to have access to personal information

To accomplish our goals, **North American Intercollegiate Dairy Challenge** provides participant personal information to its sponsors, other participants and the national contest management committees. This information will be supplied at the contest event and will not be supplied to any other parties. In addition photos and news releases may be sent to the media (newspaper, radio, television, and the internet) or used in informational brochures or videos by **North American Intercollegiate Dairy Challenge**.

It is the right of the individual whether or not to consent to the use of his/her name and contact information, and/or photos.

### Authorization for Personal Information Release

I hereby authorize **North American Intercollegiate Dairy Challenge** to use my personal contact information for only the authorized parties listed above and/or any photos taken of me during the **North American Intercollegiate Dairy Challenge** activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print name

By signing this form, I pledge my commitment to attend the North American Intercollegiate Dairy Challenge on October 26-28, 2017. I understand that my commitment is very important to the success of the event. I agree to abide by the **professional dress code\*** for team presentation. I also understand that the sponsors and industry professionals involved in this event will be notified if I break this commitment.

Signature \_\_\_\_\_

\*Dress Code for Team Presentations:

### **Professional Dress Required**

- Shirt, tie, dress pants and dress shoes for gentlemen and professional equivalent for ladies.
- No sweatshirts
- No hats
- Dress like you are going to a job interview

**North American Intercollegiate Dairy Challenge - 2017**  
**Participation Release**  
**Waiver and Release of Liability**

In consideration of the **North American Intercollegiate Dairy Challenge** furnishing services and/or equipment to enable me to participate in the **North American Intercollegiate Dairy Challenge** activities, I, the undersigned, agree as follows:

**Participation Release**

I, on behalf of myself, heirs, executors and administrators, agree to indemnify and hold harmless the **North American Intercollegiate Dairy Challenge**, and its Steering Committee members, agents, officers, volunteers, sponsors, and employees, as well as Cornell University-the Host School, the community of the Host School and the Host Farms, from all liability, loss and expense, including, but not limited to damages, legal expenses and cost of defense, in any matter arising during or from the participation in the **North American Intercollegiate Dairy Challenge**.

**Waiver and Release of Liability**

I, on behalf of myself, heirs, executors and administrators, voluntarily assume all risk of accident, injury, or damage and release and forever discharge **North American Intercollegiate Dairy Challenge**, its Steering Committee members, agents, officers, volunteers, sponsors, and employees, as well as the Host School, community of the Host School and Host Farms, from any and all liability for personal injury or property damage of any kind sustained in association with or during participating in the activities, regardless of whether such personal injury or property damage is caused by the negligence of the **North American Intercollegiate Dairy Challenge**, or its Steering Committee members, agents, officers, volunteers, sponsors, and employees, as well as the Host School, community of the Host School, Host Farms, or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE **NORTH AMERICAN INTERCOLLEGIATE DAIRY CHALLENGE** FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

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Participant (Signature)

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Date

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Participant (Please Print Clearly)

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Participant's School (Please Print Clearly)