

2022 University of Idaho CDE Invitational

June 7-10, 2022

Event Schedule

Tuesday, June 7, 2022

12:00 – 3:00 p.m. CDE Check-In
J. Martin Lab

5:00 p.m. Livestock Evaluation CDE – *Livestock Pavilion*

8:00 - 9:00 p.m. CDE Opening Ceremonies – *ICCU Arena*

Wednesday, June 8, 2022

9:00 a.m. Entomology CDE -

9:00 a.m. Marketing Plan CDE – *Ag Science*

12:00 p.m. Forestry CDE (*Buses load and depart from Livestock Pavilion*)

12:00 p.m. Food Science & Technology CDE – *Teacher and Learning Center*

5:30 p.m. Agronomy CDE – *J. Martin Lab*

6:00 p.m. Veterinary Science CDE – *Pitman Center*

Thursday, June 9, 2022

8:00 a.m. Dairy Cattle Evaluation CDE – *UI Dairy*

8:00 a.m. Veterinary Science CDE – *Pitman Center*

9:00 a.m. Ag Communications CDE – *Teacher and Learning Center*

12:00 p.m. Environmental & Natural Resources CDE – *ENR*

12:00 p.m. Milk Quality & Dairy Products CDE – *Pitman Center*

12:00 p.m. Nursery/Landscape CDE - *J. Martin Lab*

7:00 – 9:00 p.m. FFA CDEs on the Green – *ICCU Arena – East Field*
Youth event with games, snacks and information tables from University of Idaho departments and clubs

Friday June 10, 2022

7:30 a.m. CDE Awards Assembly
ICCU Arena

An updated schedule with line-up times will be emailed to registered participants by June 1

Dates, Deadlines, Fees and Forms

Please read carefully

2022 Registration: **\$50 per Team on or before May 21, 2022**

**No Refunds to any teams canceling.*

- Please visit the following link and complete the google document to register your teams. Please do not submit registration form until it is completed in full.
<https://forms.gle/6FMuiENW21k5uY7r5>
- Upon completion of registration, you will be emailed a link to enter your list of youth. Your list of participating youth will need to be completed at this link by June 1.
- After you submit your registration form, you will be emailed an invoice to complete via credit card on UI Marketplace or by check turned in at Event Check-in. Credit card payments must be paid by registration deadline. Checks may be mailed in advance or turned in during check-in.
- Please contact Sarah Swenson at 208-885-6358 or sswenson@uidaho.edu with any questions.
- ***Please have in-hand at check-in the following forms. Youth will not be allowed to participate in events without these forms. You must have these with you during the event for each youth:***
 - *Permission / Waiver of Liability Form*
 - *Acknowledgement of Risk and Waiver of Liability Form*
- **Allergen Release Form. Must be turned in by check-in. You can email the form to sswenson@uidaho.edu or turn them in during check-in. Youth can not participate in these events without the form.**
 - Participant Allergen Release Form (for participants in Milk Quality and Food Science CDEs)
- **If your youth needs Special Needs Accommodations, please return this form by email by June 1**
 - Request for Special Needs Accommodation Form (If Applicable)

Chaperones, Leader, Chaperones will need to be available to assist as needed in the events your youth are participating in. Example: you may be needed as a group leader in an event.

Awards

Winners will be announced during the CDE Awards Ceremony on Friday morning. Winners will also be announced on social media.

Awards will be mailed to the address provided at registration by mid-July.

Required Materials

All participants should bring the following items:

- Clipboard
- One-gallon Ziploc bag to cover the clipboard
- At LEAST 5 #2 Pencils
 - **(Please REMEMBER: #2 PENCILS ONLY when bubbling on the Scantron Sheets. Anything other than #2 pencils used in the bubbles will be counted as a ZERO)**

Lodging Information

Teams may stay either in local hotels or on campus. Local lodging includes:

Best Western Plus University Inn	208-882-0550
La Quinta Inn & Suites	208-882-5365
Fairfield Inn and Suites	208-882-4600
Studio 1	208-882-5511
Super 8	208-883-1503

Teams that would like to stay on campus will arrange their housing through the University Housing office at: www.uidaho.edu/summerconferences. Food service information is also available through this site.

Parking Information

Regular passenger cars may park in any **ORANGE**, **RED** or **BLUE** parking lot (signs are at the entrance of each lot). All other areas are restricted; **DO NOT** park in **GOLD** lots, meters, or handicapped parking spots.

Teams staying in the Living & Learning Center (LLC) on campus, must park school buses in LOT 25 located on Rayburn Street, north of the Wallace Complex and west of the Youth Recreation Center.

Health & Safety Information

Insurance Coverage

All participants (Youth, Chaperones) who register for the CDEs are covered by insurance. The insurance covers events on campus and off-site events.

Medical services cannot be charged to the insurance company unless you have appropriate paperwork; without it, the youth will be billed for services rendered. Be sure to notify the Department of Agricultural Education, Leadership & Communications (208-885-6358) if there is illness or an accident in your group (notification must be made as soon as possible).

Supervision

It is the responsibility of each Instructor to supervise their youth. The Department of Agricultural Education, Leadership and Communications faculty and staff, Idaho FFA officials, or Idaho FFA State Officers are NOT responsible for supervising youth.

Please take responsibility for making sure your youth act in a professional and responsible manner while they are guests on the University of Idaho campus.

Injuries / Medical Emergencies

In case of any Serious Injuries or Medical Emergencies, please contact:

- Police, Fire, or Medical Personnel
 - **911 (Emergency)**
 - **208-882-COPS (2677) (Non-emergency)**
- University of Idaho Campus Security
 - **208-885-2254**
- Department of Agricultural Education, Leadership & Communications
 - **208-885-6358**
- Local Hospital and urgent care:

Gritman Medical Center
715 South Main Street
Moscow, ID 83843
(208) 882-4511

Moscow Quick Care
2500 West A Street, #101
Moscow, ID 83843
(208) 882-0540

*Please NOTE: Youth will not be allowed to receive medical attention at the Youth Health Center on campus. They **MUST** go to the Emergency Room at Gritman Medical Center to receive treatment.*

Permission/Waiver of Liability Form

All participants must complete the Permission/Waiver of Liability Form located on the next page of this packet. **This form must be filled out completely by every individual coming to campus for State CDEs.** Chaperones should keep these forms in a file that is accessible at all times in case there is an emergency. The Permission/Waiver of Liability Form is NOT to be turned in to the Department of Agricultural Education, Leadership & Communications.

YOU MUST COMPLETE A FORM FOR EACH FFA MEMBER THAT YOU BRING TO MOSCOW. A PARENT OR GUARDIAN MUST SIGN IT.

PLEASE DUPLICATE THE HEALTH RELEASE FORM AND BRING ONE FOR EACH YOUTH.

Name: _____
(First) (Last)

County: _____ District: _____

Age: _____ Date of Birth: _____ Male Female

Address: _____
(Street)

(City) (State) (Zip)

Phone: _____
(Home) (Work) (Cell)

Emergency Contact & Insurance Information

Contact 1 Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Contact 2 Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Medical Insurance Company Name: _____

Policy Number: _____ Group Number: _____

**PLEASE NOTE: Hospital requires SSN before providing treatment and suggests that participants bring a copy of their insurance card. Participants are covered by an American Income Life accident/illness policy while participating in activities sponsored by our program. In the event of injury or illness arising from participation in program activities, American Income Life must be notified within 20 days of the date of illness or injury. The Program staff will have information on filing claims. Insurance provided through American Income Life provides only limited protection for injuries or illnesses which occur while participants are participating in program activities, and the participant's family is responsible for all medical expenses not covered by program insurance.*

Acknowledgement of Risk and Waiver of Liability

Parent/Guardian Permission

Both participants and parent(s) / guardians must read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Sign and return this form to your Chaperone. In case of an emergency, the Chaperone will have these forms with him or her at the event. If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned, am aware that participation in the Idaho State FFA Career Development ("Program") may include activities that are risky and dangerous. Both participant and their parent(s) / guardians ("I") acknowledge and accept the risks and give permission for participation in the Program. I acknowledge that participation in this Program has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury to myself, or my child, up to and including mortal injury, may occur: agricultural mechanics methods activity, including but not limited to use of arc and acetylene welding equipment and tools, tool reconditioning and repair, small engine troubleshooting, electrical and wiring problem solving, and copper and PVC pipefitting, soldering and gluing; agronomy methods activity methods activity, including but not limited to exposure to plants, insects, animals and chemicals; food products methods activity, including but not limited to exposure to bacteria, meats and milk products; forestry methods activity, livestock evaluation methods activity, including but not limited to, contact and access to farm animals, and chemicals; academic learning opportunities while on campus or off; field trips; activities supplemental to the Program, such as walking or hiking to and from sites of interest; use or operation, by myself or others, of equipment; physical and sports activities, including a dance; being outside or in the presence of inclement weather conditions including, but not limited to, lightening, and wind; contact with plants, animals or other environmental hazards; transit to or from the Program locations and activity locations including but not limited to travel by bus, van or private auto; use of roads, trails, terrain, and other routes in the condition in which they are found; staying overnight on or off campus; rendering of first-aid, emergency treatment or other services; consumption of food or drink; or other unknown and unanticipated activities and risks.

In consideration of the University of Idaho ("UI") permitting me/my dependent to associate with the program, **I and my dependent hereby voluntarily assume all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, the Regents of the University of Idaho, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the above name Program.**

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and assumption of risk for my heirs, estate, executor, administrator, assignees and all members of my family.

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 he/she is not able to participate in this program. 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 that he/she may sustain while participating in any Program associated with the above named Program.

I understand that any insurance provided through this program provides only limited protection for injuries which occur while participation and that I am responsible for all medical expenses not covered by program insurance.

If I and/or my dependent has a disability requiring accommodation, I will contact the program director prior to the start of the Program.

I accept and will abide by the University of Idaho Policies available online at www.uidaho.edu/infrastructure/pss/risk-management or by contacting Risk Management at (208) 885-7177. I accept and will abide by the behavioral expectations of Idaho State FFA Career Development Events, applicable city, state and federal laws, and the policies and procedures of the University of Idaho. I understand that disregard for University of Idaho policies and applicable laws may be considered grounds for dismissal from Program, and prompt return home at my/parent expense.

I agree that you may photograph my child during, and in connection with, the Program. I agree that you shall be the exclusive owner of the photograph and all copyright and other rights of the photograph. I agree that you may use the photograph in any media you wish related to the University of Idaho Program.

If you DO NOT GIVE PERMISSION TO PHOTOGRAPH YOUR CHILD, CHECK HERE

Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.

Participant's Name (PLEASE PRINT)

Participant's Signature

Date

Parent / Guardian Name (PLEASE PRINT)

Parent / Guardian Signature

Date

PARTICIPANT ALLERGEN RELEASE FORM

All participants in Milk Quality and Products and Food Science Career Development Events MUST complete this form and submit it to the CDE Superintendent or representative prior to participation in the events. ALL signatures MUST be present for the youth to be allowed to participate in the CDE.

We, the undersigned, have read the list of items used to prepare the milk defects as stated in the Idaho State FFA Career Development Event Rules under the section labeled:
Procedures for Preparing Samples of the Common Off-Flavors of Fluid Milk

The participant acknowledges no allergies to the listed ingredients and acknowledges that the Dairy Food Products used in the event MAY have come into contact with potential allergens. The participant and guardian(s) acknowledge that they have received this information and are aware of potential allergen risks.

By signing below, the youth, (print name) _____ of the _____ FFA Chapter is given permission to participate in the Idaho FFA Milk Quality and/or Food Science Career Development Events considering the parameters outlined above.

Signed,

Participant

Parent / Guardian

Chaperone

Request for Special Needs Accommodation for University of Idaho CDE Invitational

Please complete the following information, print the completed form and secure necessary signatures. Please email or mail the signed form to Sarah Swenson for participation in the Idaho FFA State Career Development Events in Moscow, Idaho.

Sarah Swenson, Office Administrator
Department of Agricultural Education, Leadership & Communications
University of Idaho
875 Perimeter Drive, MS 2040 – Moscow, ID 83844
Email: sswenson@uidaho.edu Office: (208) 885-6358

This information will be kept strictly confidential and will be used only to process services for participants needing special needs assistance.

Member Information

Member Name: _____

Parent/Guardian Name, if member is under 21 years of age: _____

Member/Parent or Guardian phone number: _____

Home Address: _____

Chaperone's Name: _____ Chaperone's Phone Number: _____

Chaperone's Email Address: _____

Chapter Name: _____

Chapter Address: _____

Name of Specific Event: _____

Description of Disability and Accommodations Requested

Specific Disability:

Please describe the limiting nature of the disability and the accommodations requested:

Youth Signature/Date

Chaperone Signature/Date

Parent Signature/Date

Authorized Faculty-Staff/Date

Career Development Event Information

General Rules

Rules for events will be sent out to all Registrants.