



CALIFORNIA ASSOCIATION, FFA

STUDENT RULE, MEDICAL RELEASE & LIABILITY WAIVER



Chapter Name: _____

Student Name: _____

Below are the rules, liability waiver and medical release for California Association, FFA conferences and events. Please read through the form and indicate your consent with the appropriate signatures below. By voluntarily signing this waiver, you acknowledge the participation and risks associated with the conference or event.

Rules for FFA Member Participation

In exchange for my being allowed to participate in the _____ conference (the "Conference"), a program administered by the California Association, FFA ("FFA"), I, and if I am not yet 21 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular) agree to be bound by each of the following:

1. I understand and confirm that my participation in the Program is voluntary.
2. I will respect the authority of advisors and FFA staff in charge of FFA activities.
3. I will not do anything detrimental to the health and safety of other participants and will respect their rights to safety and comfort at all times.
4. I realize that positive conduct is expected from FFA members at all times. Obscene language, roughhousing, or throwing objects will not be tolerated at any time.
5. I will not smoke, gamble, use any illegal drugs, or drink alcoholic beverages at any conference activities.
6. I will attend every conference session and be in my assigned position prior to starting time.
7. For conferences that require an overnight stay, I will be in my assigned room at the prescribed curfew time of 11:00 p.m. and be ready for bed check.
 - a. I will remain in my room that I was assigned to and will not switch rooms unless approved by my FFA Advisor. I will not allow anyone in my room that is not assigned to the room.
 - b. I will keep my room neat and clean and I understand that any damages that occur to my room will be paid for by those staying in the room.
8. I understand that each conference might be photographed or videotaped and those files may be used in publications, websites or other materials produced from time to time. I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or any distribution of said photos/videotape without limitation for any purpose whatsoever; and I further waive all rights to any compensation for my child's appearance or participation in the photographs/videotape recordings.
9. I realize that as an FFA member, if I am found to be in violation of any of the above rules, I will be subject to disciplinary action. The determination of any disciplinary action will be made by the Regional Supervisor or State FFA Advisor. *I fully understand that an infraction of any of these rules may be just cause for being immediately sent home at my expense and barred from any further participation at the conference.*

Liability Waiver

1. **Identification of Risks.** I understand that FFA and its representatives may not be present during my participation in the conference. I understand that my participation in the conference may involve risk of injury and loss, both to person and to property. I also understand that the risk of injury may include the possibility of permanent disability and death. I understand that this Waiver and Release of Liability is intended to address all of the risks of any kind associated with my participation in any aspect of the Conference, or with the time I am involved in the Conference, including, particularly, such risks created by actions, inactions, or negligence on the part of FFA or its directors, officers, employees, agents, advisors, volunteers, successors, or assigns, including but not limited to risks created by the following: (a) the use and condition of various modes of transportation, premises, facilities, and equipment; (b) the lack or inadequacy of policies, rules, or regulations of the Conference; (c) the failure of FFA to foresee or to protect me from actions, inactions, negligence, recklessness, or intentional or criminal misconduct of persons, other than those affiliated with FFA; (d) the inadequacy or unavailability of medical facilities or treatment; or (e) the lack or inadequacy of supervision.
2. **Assumption of Risk.** I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my participation in the Conference. I accept personal responsibility for any liability, injury, loss, or damage in any way connected with my participation in the Conference.
3. **Release and Waiver.** I release FFA and its directors, officers, employees, agents, volunteers, successors, and assigns from any and all liability for and waive any and all claims for injury, loss, or damage, including attorneys' fees, in any way connected with my participation in the Conference (a "Claim"), whether or not caused in whole or part by the negligence or other misconduct of FFA or any of the individuals mentioned above.
4. **Indemnification.** I agree to indemnify and to hold harmless (in other words, to reimburse and to be responsible for) FFA and its

directors, officers, employees, agents, volunteers, successors, and assigns from all claims for any liability, injury, loss, damages, or expense, including attorneys' fees (including the cost of defending any Claim I might make, or that might be made on my behalf, that is released or waived by this instrument), in any way connected with or arising out of my participation in the Conference, whether or not caused in whole or in part by the negligence or other misconduct of FFA or any of the individuals mentioned above.

5. **Binding Effect.** This instrument shall be binding upon my relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns and shall inure to the benefit of FFA and its successors and assigns.
6. **Severability.** If any term or provision of this instrument or the application thereof to any person or circumstances shall to any extent or for any reason be invalid or unenforceable, the remainder of this instrument and the application of such term or provision to persons or circumstances other than those as to which it is held invalid or unenforceable shall not be affected thereby, and each term and provision of the instrument shall be valid and enforced to the fullest extent permitted by law.

Medical Release

I/We, the undersigned, parent(s)/legal guardian(s) of student named on this form, do hereby authorize consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care for the above named individual which is deemed advisable by and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and is given to provide authority and power on the part of said physician to render any and all such diagnoses, treatment, or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable for my/our son/daughter.

In case of emergency, please try to contact:

Daytime: _____ **Phone:** _____
Evening: _____ **Phone:** _____

A. Special conditions which physician should be aware of (include any prescribed medications being taken, any medications individual allergic to, etc.) and any other pertinent information.

Special Medical Conditions/Allergies: _____

Current Medications Being Taken: _____

B. Data on my/our son/daughter named on this form:

Full Name: _____
Address: _____ City: _____ Zip: _____
Cell Phone: _____ Birth Date: _____
Parent/Legal Guardian Name: _____

C. Medical Insurance Data relative to my/our son/daughter named on this form:

Insurance Company: _____
Company Phone: _____ Group Policy: _____
Name of Policy Holder: _____ Policy#: _____

I do not carry medical insurance at this time.

In exchange for my/our son/daughter being allowed to participate in the Conference, and as the parent or legal guardian of the above-named individual, I/we verify that I/we fully understand, agree to, and accept all provisions of this Rule, Medical Release and Liability Waiver

Chapter Name: _____

Participant Name: _____

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____