

## California Association, FFA 2024 State Leadership Conference Liability Waiver

## The undersigned voluntarily agrees to participate in the <u>96<sup>th</sup> Annual California State FFA Leadership</u> <u>Conference</u> program sponsored by California Association, Future Farmers of America (CAFFA) and California Department of Education (CDE) on March 20 to March 24, 2024.

The undersigned recognizes that CAFFA has not undertaken any duty or responsibility for my safety and the undersigned agrees to assume the full responsibility for all risk of bodily injury, death, disability, and property damage as a result of participating in the 96<sup>th</sup> Annual California State FFA Leadership Conference. The undersigned recognizes that these risks include various activities at this event that consist of animals, inflatable amusement or sports devices, bounce houses, rebounding equipment, mechanical bulls, climbing walls, and other varies inflatable activities that poses risks, including the risk of serious injury or death.

Liability Waiver – CDE & CAFFA are not directly responsible for students, advisors or chaperones, exhibitors or any guest attending events sanctioned by the CDE & CAFFA. Local school districts and designated advisors/chaperones are responsible for the oversight and management of themselves and their students. Local management also includes securing proper insurance and medical waivers as designated by a chapter's local school board.

Multimedia Recording and Usage Policy – CDE & CAFFA staff and its designees may capture photos, video, and other recordings of participants before, during and after events at events sanctioned by the state association. Please be aware that all recorded media may be used by the CAFFA or its designees in future print materials, online materials (including FFA websites and official social media accounts) signage, slideshows, podcasts, videos, and other uses in physical and digital forms.

Food Allergies Disclaimer – Events sanctioned by CDE & CAFFA are activities that bring thousands of participants together in a number of activities and conferences throughout the state of California, under the supervision of their local school districts via their advisors and chaperones. All individuals with food allergies are responsible for taking necessary precautions to protect their health. Due to the nature and location of various activities, the CDE & CAFFA cannot provide accommodations for food allergies or be held accountable for issues arising from food allergies.

I hereby certify that I understand the risks involved in participating in the 96<sup>th</sup> Annual California State FFA Leadership Conference, and willingly and voluntarily accept these risks. By my signature, I hereby surrender any right to seek reimbursement from CDE or CAFFA and its directors, officers, employees, volunteers, and other agents for injury sustained and liability incurred during my participation in the activity described above. By my signature, I warrant that I am not relying on any oral representations, statements, or inducement apart from the statements made on this form.

## Student/Advisor/Guest Participant Waiver and Release

| Please complete all required fields below. |                       |              |
|--------------------------------------------|-----------------------|--------------|
| Type of participant: Student               | Advisor/Guest         | _Other Adult |
| Chapter Name:                              |                       |              |
| <u>Student/Other Minor:</u>                |                       |              |
| Participant First Name                     | Participant Last Name |              |
| Minor DOB                                  | Parent/Guardian Phone |              |
| Guardian First Name                        | Guardian Last Name    |              |
| Parent/Guardian Signature                  |                       | Date         |
| Advisor/Guest/Other Adult:                 |                       |              |
| Participant First Name                     | Participant Last Name |              |
| Phone E                                    | nail                  |              |
| Advisor/Guest/Other Adult Signature        |                       | Date         |