

Alaska FFA Association



Waiver, Release of Liability, Indemnification and Consent to Medication Attention

Participation in Alaska FFA Association Events

Alaska FFA Association ("AKFFA", "FFA") is a not-for-profit organization whose mission is to make a positive difference in the lives of young people by developing their potential for premier leadership, personal growth, and career success through agricultural education. AKFFA invites individuals to participate in support of its work. As a part of fulfilling its mission, AKFFA sponsors, hosts and offers events, programs and activities (collectively "Event or Events") by itself and in conjunction with other organizations. Participation in Events is a privilege and a personal choice.

Individuals who choose to participate in AKFFA Events (referred to in this document as "Participant") are expected to demonstrate role model behaviors and personal conduct described below that clearly support the mission and values of AKFFA. A Participant, regardless of adult status, age 18 and older, or minor status, under the age of 18, who chooses to participate in any AKFFA Event must read and sign this Release of Liability, Waiver, and Indemnity. The Participant must also have this Release of Liability, Waiver, and Indemnity signed by an authorized parent or legal guardian. Completing this Release, Waiver, and Indemnity does not guarantee participation in any AKFFA Event.

In exchange for my being allowed to participate in Alaska FFA events ("Events"), a program administered by the Alaska FFA Association ("FFA"), I, and my parent or legal guardian (individually and collectively referred to below as "I" or "Participant") agree to be bound by each of the following:

- 1. Voluntary Participation.** I understand and confirm that my participation in the Program is voluntary.
- 2. Acknowledgment & Assumption 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, 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 of 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.

3. **Consent to Medical Treatment.** In the event of any injury to Participant connected in any way to any AKFFA Event, Participant authorizes AKFFA to provide, through any available medical or professional personnel of its choice, any necessary or customary medical treatment or services or other assistance, including but not limited to transportation, emergency medical services, or life preservation or support. This consent does not impose any duty on AKFFA or its Representatives to provide any medical treatment or services or other assistance.

Note: AKFFA or its Representatives are not authorized to provide student members access to Over-the-Counter (OTC) medication.

4. **Release, Waiver, & Indemnity.** I release the Alaska FFA and its directors, officers, employees, agents, volunteers, successors, and assigns (collectively the "FFA Released Parties") 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 Program (a "Released Claim"), including but not limited to any Released Claim caused in whole or part by the negligence (but not the reckless or willful misconduct) of the FFA Released Parties.

Furthermore, by my signature below, I agree to indemnify and to hold harmless the FFA Released Parties from any Released Claim or any related expense, including attorneys' fees (this includes the cost of defending any proceeding by a person or entity against the FFA Released Parties connected in any way to a Released Claim).

5. **Publication and Promotional Release.** Participant authorizes FFA to use my name, photo, materials produced for the program or presentation in program for FFA materials including but not limited to, educational resources, press releases, web-based publicity and other publication materials.

6. **Alaska FFA Code of Conduct.** Participants in a AKFFA Event must always conduct themselves in an ethical and moral manner consistent with the FFA Code of Ethics, as stated in the Official FFA Manual, which can be found on the National FFA website located at www.ffa.org, and any oral or written code of conduct, guidelines, or instruction for the specific Event. Participants are prohibited from involvement in any unsafe, irresponsible, and/or illegal conduct. Participants are strictly prohibited from consuming any alcoholic beverages or using any illegal drugs, tobacco, or substances while participating in any Event or on the premises of any Event. I fully understand that my conduct, if deemed inappropriate or in breach of the Alaska FFA Association Code of Conduct by the Alaska FFA Association, its directors, officers, employees, agents or volunteers, may be dismissed from the event. Members in violation may be eliminated from future Alaska FFA Association events and/or membership.

7. **Severability.** If any term or provision of this instrument or the application thereof to any persons 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

8. **Applicable Law and Dispute Resolution.** Any issue involving the creation, interpretation, performance, or enforcement of this Release, Waiver, and Indemnity shall be governed by the applicable laws of the United States of America and the State of Alaska, notwithstanding any conflict of laws interpretation.

THIS IS A WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION, AND CONSENT. I HAVE READ IT AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION, AND CONSENT VOLUNTARILY.

Student Printed Name

Student Signature

Date

If the person participating in the Program is not yet 18 years old, both parents or the legal guardian(s) must sign:

In exchange for my/our child or ward being allowed to participate in the Program, and as the parent(s) or legal guardian(s) of the above-named individual, I/we verify that I/we fully understand, agree to, and accept all provisions of this Waiver, Release of Liability, Indemnification, and Consent.

Parent/Guardian(s):

Printed Name

Signature

Date

Printed Name

Signature

Date

Parent/Guardian Phone Number: _____

Medical Authorization Form

Each participant must complete a Medical Authorization Form prior to participation in the FFA Event.

Participant Name _____ DOB _____

Home Address, City, State, Zip _____

Parent Cell Number _____ Home Phone _____

Chapter _____ Advisor _____

Health Insurance Company _____ Policy Number _____

Name of Family Physician _____ Phone Number _____

Student Height _____ Student Weight _____

Check all that apply:

Heart Condition Diabetes Asthma Epilepsy Allergies

Medication Allergies: _____

List any Physical restrictions/allergies/other conditions: _____

List Medications taken: _____

For student Self-Administration: I certify that I am the parent/legal guardian of the named student participant. I authorize my child to carry and administer medication as specified. I shall hold harmless and indemnify AKFFA staff, officers, volunteers, chaperones against any and all claims, judgements, or liabilities arising out of the self-administration of medication.

I understand that should a health problem arise, I will be notified, but if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel will be rendered. I give my permission to take any medical steps necessary to preserve the life and health of my child in my absence. It is our understanding that the nearest emergency medical facility will administer medical care only until contact is made with the parents/legal guardians. The following named person has my permission to sign any forms necessary in my absence.

Chapter Advisor's Name _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____