



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

- Voluntary Participation.** I understand and confirm that my participation in the Program is voluntary.
- Identification of Risks.** I understand that FFA and its representatives may not be present during my participation in the Program. I understand that my participation in the Program 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 Program, or with the time I am involved in the Program, 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) inadequacy of policies, rules, or regulations of the Program; (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.
- Assumption of Risk.** I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my participation in the Program. I accept personal responsibility for any liability, injury, loss, or damage in any way connected with my participation in the Program.
- 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 Program (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.
- 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 Program, whether or not caused in whole or in part by the negligence or other misconduct of FFA or any of the individuals mentioned above.
- 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.
- Consent to Medical Treatment.** I authorize FFA to provide to me, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services. This consent does not impose a duty upon FFA to provide such assistance, transportation, or services.
- 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.
- Applicable Law.** Because FFA and the Program are headquartered in the State of Indiana, and in order to provide certainty in the law to be applied to the construction of this instrument, this instrument shall be governed, construed, and enforced in accordance with the law of the State of Indiana.



10. **Promotional Release.** Student hereby irrevocably consents and authorizes the National FFA Organization to use the image of their appearance, that FFA has taken while attending WLC, in a promotional video, film or photograph or for any other related purpose without any fee whatsoever. Participant further acknowledges that FFA is the owner of all rights in and to the video, film or photograph of student’s image.

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

Printed Name Signature Date

If the person participating in the Program is not yet 21 years old, a parent or legal guardian 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: _____ Printed Name
Signature Date

FFA Advisor: _____ Printed Name
Signature Date



General Behavioral Expectations

While participating in WLC, managed by National FFA Organization ("FFA"), you not only represent FFA but also the United States of America. FFA has, therefore, established certain behavioral expectations that must be observed by all participants to maintain good standing with FFA and participation in these programs.

All participants in an event or activity sponsored by FFA are prohibited from involvement in unsafe, irresponsible, and/or illegal conduct. You are prohibited from consuming alcoholic beverages, using illegal drugs and tobacco. In addition, you must abide by all rules and regulations established by FFA for participation in the Washington Leadership Conference.

- (a) I promise that my attitude, conduct and appearance will be such to reflect credit on my chapter, school, community and state FFA association.
- (b) I promise to abide by the National FFA Code of Ethics and the FFA Dress Code.
- (c) As a representative of more than 649,355 FFA members, I will be well groomed and dressed appropriately during the Washington Leadership Conference.
- (d) I will never be on the hotel floor or in a hotel room of a WLC participant of the opposite sex. I will not go out on the balcony of my hotel room at any time. Failure to abide by this rule will result in immediate dismissal from WLC and my advisor, school administration and parents(s) / guardians(s) will be notified.
- (e) I will not possess or use drugs, alcohol or tobacco at any time during the conference. I understand if I violate this rule, **I will be sent home immediately and will assume responsibility for all expenses involved**, and my advisor and parent(s) / guardian(s) will be notified. When present and available advisors/chaperones will convey information to parent(s)/guardian(s) and will be present for room or property searches. A full-time National FFA employee will also be present for any search of property.
- (f) I will pay for all personal costs and any damage of hotel property directly to the hotel before I depart. My room will be kept neat and clean.

FFA reserves the right to immediately terminate from WLC anyone who is found to have violated these behavioral expectations. Students terminated from the program will be sent home at their own expense and will be responsible for all other expenses associated with their termination. Booking travel will remain the responsibility of National FFA staff. Parent(s) or guardian(s) will provide Nation FFA staff with necessary information to book travel. Participants terminated from the WLC program and under the age of 18 will be required to purchase airline assistance for unaccompanied minors unless chaperoned by an advisor, parent or guardian.



Personal Conduct Agreement

In exchange for my being allowed to participate in an event or activity sponsored by FFA, I, and if I am not yet 21 years old, my parent(s) or legal guardian(s) (individually and collectively referred to below in the first person singular) agree to be bound by the behavioral expectations set forth above and each of the following:

1. I agree to participate in FFA's WLC according to the guidelines set forth in this Personal Conduct Agreement and other applicable FFA publications.
2. I understand that FFA reserves the right and I agree that FFA has the right to immediately terminate my participation in WLC at the sole discretion of FFA, through its representatives, if I (a) engage in behavior that is unsafe, irresponsible, illegal, or otherwise contrary to FFA policy as expressed above and in the WLC Handbook or (b) consume alcohol.
3. I further understand and agree that if my participation in WLC is terminated pursuant to the preceding paragraph, (a) I will be solely responsible for all costs associated with my early termination, including my travel expenses, and (b) I will not be entitled to any refund of money I have paid to FFA for my participation in the Program.
4. I agree to allow FFA and its representatives to make reasonable, unannounced searches of my living quarters and personal belongings if FFA reasonably suspects that I am violating the behavioral expectations set forth in this Agreement and other applicable FFA publications.

By signature below, I acknowledge that I have read this Personal Conduct Agreement, understand the behavioral expectations of WLC, agree to abide by those behavioral expectations, and agree to each of the above paragraphs.

Printed Name

Signature

Date

If the person participating in the Program is not yet 21 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 Personal Conduct Agreement

Parent/Guardian: _____

Signature

Printed Name
Date

FFA Advisor: _____

Printed Name

Signature

Date



Student Medical Information Form

Complete and bring this form with you to the conference. The National FFA Organization will provide accommodations for disabled students and/or arrange for special dietary requirements.

Student Name _____ Age _____ Date of Birth _____

Address _____
Street City State Zip Code

Mother / Guardian Name _____ Phone Number _____

Father / Guardian Name _____ Phone Number _____

Other Emergency Contact _____ Phone Number _____

Prescription and/or OTC Drug Allergies Yes No If yes, please explain _____

Food Allergies Yes No If yes, please explain _____

Bee sting Allergies Yes No

Respiratory Issues / Asthma Yes No If yes, please explain _____

Vision / Hearing Issues Yes No If yes, please explain _____

Dietary Restrictions Yes No If yes, please explain _____

Please list any medical condition and/or necessary medications of which you feel WLC's Onsite staff should be made aware of. (Add additional page if necessary)

Insurance Company _____ Subscriber's Name _____

Policy Number _____ Type _____ Group Number _____

Family Doctor's Name _____ Phone Number _____

The information above is required to be filled out in order for your student to participate in WLC. If you have no medical insurance, please note that in the space provided for Insurance Company.

WLC is organized by the National FFA Organization and is being hosted at various venues located in the Washington DC area. For those meal functions that National FFA staff organize for this event all necessary precautions will be taken to ensure the health and safety of participants who have reported food related allergies during the registration process. Due to the location of the event each participant must assume the responsibility to take the necessary precautions to protect their health in regards to food related allergies and environmental exposures to the associated allergens. National FFA is not liable for issues arising from exposure to allergens in public locations.

Parent/Guardian: _____

Printed Name

Signature

Date