



WASHINGTON
FFA ASSOCIATION

Participant LAST Name: _____

Participant First Name: _____

Participant CHAPTER: _____

Washington FFA Code of Conduct and Waiver, Release of Liability, and Indemnification for the **94th WASHINGTON STATE FFA CONVENTION**

Participation in Washington FFA Association Events

Washington FFA Association ("WAFFA") 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. WAFFA invites the participation of individuals in support of its work. As a part of fulfilling its mission, WAFFA 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 WAFFA 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 WAFFA. A Participant, regardless of adult status, age 18 and older, or minor status, under the age of 18, who chooses to participate in any WAFFA 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 WAFFA Event.

In exchange for my being allowed to participate in the **94th WASHINGTON STATE FFA CONVENTION**, a conference administered by the Washington FFA Association ("FFA"), I, and my parent or legal guardian (*individually and collectively referred to below in the first person singular or as "Participant"*) agree to be bound by each of the following:

- Voluntary Participation.** I understand and confirm that my participation in the conference is voluntary.
- Acknowledgement and 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.
- Consent to Medical Treatment.** In the event of any injury to Participant connected in any way to any WAFFA Event, Participant authorizes WAFFA 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 WAFFA or its Representatives to provide any medical treatment or services or other assistance.
Please Note: *WAFFA staff, Representatives, and designated chaperones are NOT authorized to provide student members access to Over-the-Counter (OTC) medication to address headaches, fever, nausea, cough/cold symptoms, etc. That being said, please remember to pack accordingly. If you or your child is currently taking any prescription medication, please remember to pack it. If you or your child is an asthma sufferer and requires the use of an inhaler, please remember to pack it. If you or your child has a severe allergy (food or bee sting related) that could require the use of an auto-injectable epinephrine (Epi-Pen), please remember to pack it. All medication to be carried and self-administered by the student must be in the original container, labeled with the student's name, name of the medication, dosage, mode of administration, and name of the health care provider (for prescription medication).*
- Washington FFA Association Code of Conduct.** Participants in a WAFFA Event must conduct themselves in an ethical and moral manner at all times 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 have read and understand the Washington FFA Code of Conduct. I fully understand that my conduct, if deemed inappropriate or in breach of the Washington FFA Association Code of Conduct by the Washington FFA Association, its directors, officers, employees, agents or volunteers, may be dismissed from **94th WASHINGTON STATE FFA CONVENTION** or punished as directed in the Washington FFA Association Code of Conduct. Members in violation may be eliminated from future Washington FFA Association events and/or membership.
- Publication, Promotional Release, and Use of Images and Materials:** Participant understands and acknowledges that, in conjunction with his/her participation in any WAFFA Event, Participant's still, digital, or video images ("Images") may be taken, captured, recorded, stored, or preserved in photographs, videos, libraries, and databases on WAFFA servers, mobile devices, the cloud, or other media. Participant expressly authorizes WAFFA and grants to WAFFA an irrevocable license to the unrestricted use of Participant's Images and Materials, and to use Participant's name in conjunction with any such Images and Materials at any time, including but not limited to, the use of such Images and Materials in any promotional publication, photograph, video, film, audio-recording, website, social media, or other media associated with WAFFA, all without any fee or remuneration, notification, acknowledgement, or additional consent. WAFFA shall maintain all ownership rights in and to the Images and Materials. Participant RELEASES, DISCHARGES, INDEMNIFIES AND HOLDS HARMLESS WAFFA and its Representatives from any and all liabilities or damages, including without limitation, costs, reasonable attorney's and expert's fees, any other expenses of any kind, that could ever be caused by any use of the Images and Materials or in the event that any person or entity challenges this the use of the Images and Materials.



**WASHINGTON
FFA ASSOCIATION**

Participant LAST Name: _____

Participant First Name: _____

Participant CHAPTER: _____

- 6. Release of Liability, Waiver, and Indemnity. Participant RELEASES, DISCHARGES, INDEMNIFIES AND HOLDS HARMLESS WAFFA and its Representatives and external site locations where Events are held from any and all liability, claims, losses, suits, damages, and demands of any kind or nature, including without limitation, costs, reasonable attorney's and expert's fees, any other expenses of any kind, that may be claimed, that were suffered by or associated with Participant in any way connected with any WAFFA Event or location of any WAFFA Event, or transportation to or from any WAFFA Event, and whether caused by the negligent, gross negligent, or intentional acts of any person or entity, including but not limited to WAFFA's own negligence.
- 7. Binding Effect. The Release, Waiver, and Indemnity is in favor of, and shall insure to the benefit of, WAFFA and each of its directors, officers, employees (paid or volunteer), representatives, agents, insurers, successors, assigns and any and all other persons or entities on WAFFA's behalf who may be liable (collectively "Representatives") and shall be binding upon the Participant's parents or legal guardian (if under age 18), heirs, personal representatives, agents, and assigns and any other person claiming by, through, or on behalf of the Participant.
- 8. 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.
- 9. 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 Washington, notwithstanding any conflict of laws interpretation. Any legal action to challenge the creation, interpretation, performance, or enforcement of this Release, Waiver, and Indemnity shall be pursued exclusively to a judge located in a state or federal court located in Whitman County, Washington. PARTICIPANT WAIVES ANY RIGHT TO A TRIAL BY JURY.
- 10. Participant's Certification of Eligibility: Participant certifies that they meet all eligibility requirements for participation in a WAFFA Event.

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.

PARTICIPANT Printed Name

Signature

Date

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 the Waiver, Release of Liability, Indemnification, and Consent.

Printed Name (Parent or Legal Guardian)

Signature

Date

Printed Name (Parent or Legal Guardian)

Signature

Date



WASHINGTON
FFA ASSOCIATION

Participant LAST Name: _____

Participant First Name: _____

Participant CHAPTER: _____

Medical Authorization Form

94th WASHINGTON STATE FFA CONVENTION

Each participant must complete the Medical Authorization Form prior to participation in **94th WASHINGTON STATE FFA CONVENTION**

Participant Name _____ Birth Date _____

Home Address, City, State, Zip Code _____

Home Phone _____ Parent's Cell Number _____

Chapter _____ Advisor _____

Health Insurance Company _____ Policy Number _____

Name of Family Physician _____ Phone Number _____

Student Height: _____ Student Weight: _____ Gender Identity: _____

Check all that apply:

Heart Condition Diabetes Asthma Epilepsy Rheumatic Fever Allergies

Medication Allergies: _____

List any physical restrictions/allergies/other conditions: _____

List medication 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 self-administer medication as specified. I shall hold harmless and indemnify WAFFA staff, officers, agents, 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 for taking 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 (First and Last)

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



WASHINGTON
FFA ASSOCIATION

Participant LAST Name: _____

Participant First Name: _____

Participant CHAPTER: _____

Washington FFA Association Code of Conduct

While participating in any conference or event managed by the Washington FFA Association ("FFA"), there are certain behavioral expectations that must be observed by all participants to participate in these programs.

All FFA members shall:

1. Abide by the National FFA Organization Code of Ethics.
2. Refrain from all illegal activities.
3. Avoid the use of alcohol, tobacco (including vaporizers) and illegal substances.
4. Abide by all school rules including conduct and dress codes.
5. Be in appropriate attire as directed by advisors, including proper official dress according to the Official FFA Manual.
6. Refrain from public displays of affection.
7. Follow instructions from Washington FFA staff/officers, volunteers and other FFA advisors.
8. Avoid tampering or damaging facilities of our host site.
9. Use appropriate language. Swearing is not appropriate.
10. Abstain from any activities that pose a risk to fellow FFA members, Washington FFA staff/officers and volunteers, advisors or the public.
11. Refrain from entering hotel/dorm rooms of other FFA members; never enter the room of another FFA member of a different gender.
12. Pay all personal costs associated with facilities, including but not limited to incidental and damages, room service and other costs incurred.
13. Be members in good standing, including paying membership dues, conference fees/registration and have all required documents returned to their respective advisor, including but not limited to, Liability Waiver Form and Medical Authorization Form.

Members found in violation of the Washington FFA Association Code of Conduct are subject to immediate termination from the conference. Students terminated from the conference will be sent home at their own expense and will be responsible for all other expenses associated with their termination. Members in violation may be eliminated from future Washington FFA Association events and/or membership.

DO NOT Print/Submit this page...this is just for member-parent awareness.