

**Kansas FFA Association**  
**Waiver, Release of Liability, Consent to Medical Attention, Authorizations and**  
**Certifications**

**Name:** FFA Member \_\_\_\_\_ **Chapter:** \_\_\_\_\_

**Advisor:** Printed Name: \_\_\_\_\_ **Advisor Phone Number during Program:** \_\_\_\_\_

**In exchange for the FFA member being allowed to participate in the 2024 Kansas FFA – Leader Lab or Stand & Deliver (“Program”), a program administered by the Kansas FFA Association (“FFA”), I, and if I am not 21 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular) agree to be bound by the following:**

1. Voluntary Participation. I understand and confirm that my participation in the Program is voluntary.
2. Identification of Risks. I understand that Kansas 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.
3. 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.
4. Release and Waiver. I release Kansas 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 the whole or part by the negligence of Kansas FFA or any of the individuals mentioned above.
5. Consent to Medical Treatment. I authorize Kansas 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.
6. Publication. I authorize Kansas FFA to use my name, photo, materials produced for the program, or presentation in the program for Kansas FFA materials, including but not limited to, educational resources, press releases, web-based publicity, & other publicity materials.
7. Severability. Each term and provision of the instrument shall be valid and enforced separately to the fullest extent permitted by law.
8. Applicable Law. This instrument shall be governed, construed, and enforced in accordance with the law of the State of Kansas.
9. Consent. I agree to abide by the FFA Code of Ethics, as stated in the Official Manual, as well as the code of conduct and guidelines for participation in this program. I acknowledge that my refusal to adhere to any conference rules/expectations may result in my dismissal from the program at my own expense.

**THIS IS A WAIVER AND RELEASE OF LIABILITY. I HAVE READ THIS WAIVER, RELEASE OF LIABILITY, AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER, RELEASE OF LIABILITY, AND CONSENT VOLUNTARILY. I UNDERSTAND THAT IF I MAKE CHANGES TO THE TERMS OF THIS WAIVER AND RELEASE OF LIABILITY, I WILL NOT BE ABLE TO PARTICIPATE IN THIS PROGRAM.**

**Participant:** Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

If the person participating in the program is not yet 21 years old, a parent/legal guardian must sign:

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

**Guardian:** Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Co. Policy/Phone Number: \_\_\_\_\_

Guardian Phone Number during Program: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

(Seal)

\_\_\_\_\_, \_\_\_\_\_ County, Kansas. My commission expires \_\_\_\_\_.

Notary Public