



## ALASKA FFA STATE CONVENTION

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

In exchange for my being allowed to participate in the Alaska FFA program (the "Program"), a program administered by the Alaska FFA Association ("FFA"), I, and if I am not yet 21 years old, my parent or legal guardian (individually and collectively referred to below as "I") agree to be bound by each of the following terms:

1. Voluntary Participation. I understand and confirm that my participation in the Program is voluntary.
2. Identification of Risks. I understand that FFA and its representatives may not always 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 the FFA and University of Alaska 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.
5. Indemnification. 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).
6. 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.
7. Publicity Release. I authorize 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 publicity materials.
8. Severability. Each term and provision of the instrument shall be valid and enforced separately to the fullest extent permitted by law.
9. Applicable Law. This instrument shall be governed, construed, and enforced in accordance with the law of the State of Alaska.

**THIS IS A WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION, AND CONSENT. I HAVE READ IT. I 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
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**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 Waiver, Release of Liability, Indemnification, and Consent.

Parent/Guardian:	Printed Name	Signature	Date
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Parent/Guardian:	Printed Name	Signature	Date
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Parent/Guardian Phone Number: \_\_\_\_\_

MatSu College/ UAF Experiment Farm/Palmer Event Site
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Chapter Name	Chapter City, State	Event Site
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Advisor Printed Name	Advisor's Phone Number While at Convention	Date
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