



**New York Association of FFA
Emergency Contact and Health Information**

Student Name: _____ **School/Chapter:** _____

Student Birthdate: _____ **Age (Currently):** _____

Emergency Contact:

Name: _____ **Relationship:** _____

Phone Number: _____ **Alternate Number:** _____

Email (for non-urgent updates during the program): _____

Teacher/Leader Contact Name & Cell Phone Number: _____

Health Insurance Information:

Student Health Insurance Provider (ex: Blue Cross): _____

Insurance Policy Holder: _____ **Policy Holder's Relationship to Student:** _____

Insurance Policy Number: _____

Known Health Conditions, Current Medications, Food Allergies/Dietary Restrictions or Any Type of Sensitivity/Restriction:

Consent to Treatment (optional):

NY FFA's policy is that we will not provide any medication to students without permission from their parent/guardian. We will carry a few basic medications with us in the event they are needed and permitted.

NY FFA is not required and cannot guarantee that we will have these medications available for your child. NY FFA will contact the parent/guardian to request verbal permission prior to providing him/her with such medication. In the event that my child becomes sick during a program, I give NY FFA state staff permission to provide him/her with the following medication. *(Select all that apply by initialing next to the name)*

Tylenol (or generic) - _____

Advil (or generic) - _____

Dramamine (or other generic motion sickness) - _____

Benadryl (or generic version) - _____

NONE - _____

I verify that the information provided is accurate and understand that it will be used only to provide my child medical attention if necessary.

Printed Parent/Guardian Name

Parent/Guardian Signature

Date

New York FFA Association
Waiver, Release of Liability, Consent to Medical Attention, Authorizations and Certifications

Name: _____ School/Chapter: _____

In exchange for my being allowed to participate in the program of activities, which is included below, (from here on referred to as "Program") administered by the New York Association of FFA (from here on referred to as "NYFFA") beginning July 1, 2017 through September 30, 2018, 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 these programs is voluntary.
2. Identification of Risks. I understand that NYFFA and its representatives may not be present during my participation in these programs. I understand that my participation in these programs 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 NYFFA 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 these programs (a "Claim"), whether or not caused in the whole or part by the negligence of NYFFA or any of the individuals mentioned above.
5. Consent to Medical Treatment. I authorize NYFFA to provide to me, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services. In order to help provide the best medical care I am required to fill out the attached medical form. This consent does not impose a duty upon NYFFA to provide such assistance, transportation, or services.
6. Publication. I authorize NYFFA to use my name, photo, materials produced for these programs, or presentation in programs for NYFFA materials, including but not limited to, educational resources, press releases, web-based publicity, & other publicity materials.
(If you or your parent has serious concerns (religious, health, etc.) regarding having your picture taken you may contact the NY FFA Director to explain your reason. This decision to exclude this section of the waiver will be decided by the Director on a case by case basis.)
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 New York.
9. Participant's certification of eligibility and original effort, and authorization to use materials:
 - a. I hereby certify that I meet all eligibility requirements for participation in the above cited NYFFA programs for the current year, as set forth by the National FFA Constitution.
 - b. Any material submitted is the result of my own effort and ability. However, in securing information as direct quotes or phrases, specific dates, figures or other materials, such must be marked in "quotes" in manuscripts and are identified in the bibliography at the end of the manuscript. Failure to do so represents plagiarism and will automatically disqualify a contestant. (Action of Boards of National Officers and Directors, October, 1960.)
10. Consent. I agree to abide by the National FFA and NYFFA Code of Ethics, as stated in the Official Manual, as well as the code of conduct and guidelines for participation in these programs.

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 THESE PROGRAMS.

Participant: Printed Name _____ Signature _____ Date _____

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

In exchange for my child being allowed to participate in these programs, 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, Consent to Medical Attention, Authorizations and Certifications.

Guardian: Printed Name _____ Signature _____ Date _____

Parent Phone Number _____ Parent Cell Phone Number _____

Advisor: Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Advisor(s) Phone Number during these programs: _____