

Agriscience Education 3410 Skyway Drive Auburn, AL 36863 334-844-5595 334-844-5593 **alabamaffa.org**

Alabama FFA Association Waiver, Release of Liability, Consent to Medical Attention, Authorizations and Promotional Release

In exchange for my being allowed to participate in the Alabama FFA Virtual State Convention process (the "Process", a process administered by the Alabama FFA Association, I, and if I am not 21 years old, my parent or legal guardian agree to be bound by the following:

- 1. **Voluntary Participation.** I understand and confirm that my participation in this process is voluntary.
- 2. <u>Release and Waiver.</u> I release the Alabama FFA, FFA Foundation, FFA Board of Directors, Alabama State Department of Education, and its directors, officers, employees, agents, volunteers, successors, and assigns from any and all liability for and waive any and all claims for injury, illness, loss, or damage, including attorneys' fees, in any way connected with my participation in the Process (a "Claim"), whether or not caused in the whole or part by the negligence of FFA or any of the individuals mentioned above.
- 3. <u>Identification of Risk.</u> I understand that Alabama FFA and its representatives may not be present during my participation in the Process. I understand that my participation in the Process may involve risk of injury and loss, both to personal and to property. I also understand that the risk of injury may include the possibility of permanent disability and death.
- 4. <u>Assumption of Risk.</u> I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my participation in the Process. I accept personal responsibility for any liability, injury, loss or damage in any way connected with my participation in the Process.
- 5. <u>Consent to Medical Treatment.</u> I authorize Alabama FFA to provide to me, through medial 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. <u>Publication and Promotional Release.</u> I grant Alabama FFA permission to photograph and/or videotape me for possible appearance and inclusion in any of the FFA publications, promotional materials, on-air broadcasts or website or used in any other way that s deemed appropriate by Alabama FFA for education or for promotion of Alabama FFA. I release Alabama FFA of any liability, claims, demands, damages, actions and causes of actions arising form or connected in any way with the use of the photographs and/or videotapes. I understand that I will receive no compensation for participation and that all photography and videotape resulting from participation will become the sole property of FFA. 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.
- 7. <u>Severability.</u> Each term and provision of the instrument will be valid and enforced separately to the fullest extent permitted by law.
- 8. <u>Applicable Law.</u> This instrument shall be governed, construed, and enforced in accordance with the laws of the State of Alabama.

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

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

In exchange for my child or ward being allowed to participate in the Process, and as the parent or 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 Promotional Release.

Guardian: Printed Name	Sig	gnature	Date
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