



Wisconsin FFA Day of Service 2017

Waiver Form

Participant Last name _____ First name _____

Chapter/Organization _____

I grant permission for my child _____ to participate in the State FFA Activity listed above. In doing so, I release the school corporation, school personnel, Wisconsin Association of FFA, host facility and staff, non-profit service site, state FFA staff and volunteers and the FFA of all responsibility in the event of an injury or accident.

The undersigned, being parent/guardian of this participant and having legal custody and who resides with me, does give consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the United States of America.

I further agree that I will assume all expenses involved in such medical/dental procedures and will not hold the school corporation, school personnel, non-profit site or the Wisconsin Association of FFA liable for said expenses.

Printed Name (Parent or Legal Guardian)	Signature	Date
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I grant the Wisconsin Association of FFA and non-profit service site permission to photograph and/or videotape my child for possible appearance and inclusion in any publications, promotional materials, on-air broadcasts or website or used in any other way that is deemed appropriate for education or for promotion of the Wisconsin Association of FFA or non-profit service site.

I release FFA and non-profit service site of any liability, claims, demands, damages, actions and causes of actions arising from or connected in any way with the use of the photographs and/or videotapes. I understand that my child will receive no compensation for participation, and that all photography and videotape resulting from participation will become the sole property of FFA and/or non-profit service site.

Printed Name (Parent or Legal Guardian)	Signature	Date
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Emergency Contact (please indicate person that will be available during the Day of Service)

Name _____ Phone number _____

****Bring waiver form to convention. Must turn in completed form before participating. ****