

PLEASE ONLY USE THIS DOCUMENT AS A REFERENCE. THE WAIVER AND EMERGENCY CONTACT FORM MUST BE COMPLETED ELECTRONICALLY THROUGH AET.

VISIT THE LINKED VIDEO FOR WAIVER AND EMERGENCY CONTACT INSTRUCTIONS.

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

Parent Approval Form

In exchange for my being allowed to participate in the program of activities, which can be found on our website at <https://www.nysffa.org/events> (from here on referred to as "Program") administered by the New York Association of FFA (from here on referred to as "NY FFA") beginning October 1, 2022, through September 30, 2023, 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 NY FFA 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. By signing this waiver, the student has permission to attend NY FFA events and activities.
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 damaged in any way connected with my participation in the program.
4. Release and Waiver. I release NY 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 these programs (a "Claim"), whether or not caused in the whole or part by the negligence of NY FFA or any of the individuals mentioned above.
5. Consent to Medical Treatment. I authorize NY FFA 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 medical form on AET. This consent does not impose a duty upon NY FFA to provide such assistance, transportation, or services.
6. Publication. I authorize NY FFA to use my name, photo, materials produced for these programs, or presentation in programs for NY FFA materials, including but not limited to, educational resources, press releases, web-based publicity, & other promotional materials. Participants' names may appear with photos or in videos unless a separate written communication (email dhill@cornell.edu) is sent to the NY FFA Director indicating that participant names are not to be used for these purposes. (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 by writing to dhill@cornell.edu. 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 laws 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 NY FFA programs for the current year, as set forth by the State and National FFA Constitution and bylaws.

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 NY FFA Code of Ethics and Dress Code, as stated in the Official Manual, as well as the code of conduct and guidelines for participation in these programs.

11. In consideration of my participation in the foregoing, the undersigned acknowledge and agree to the following:

1. I am aware of the existence of the risk on my physical appearance to the venue and my participation in the activities of the New York Association of FFA that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 that may lead to paralysis or death.

Following the pronouncement above I hereby declare the following:

1. I am fully and personally responsible for my own safety and actions while and during my participation and I recognize that I may be in any case be at risk of contracting COVID-19 as well as other transmissible diseases.

2. With full knowledge of the risks involved, I hereby release, waive, discharge the New York Association of FFA, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

3. I agree to abide by all health and safety protocols recommended by the CDC as indicated for event or activity attendance.

4. I agree to indemnify, defend, and hold harmless the New York Association of FFA from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

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.

Emergency Contact Information

Phone Number: <input type="text"/>	
Email: <input type="text"/>	
<i>Father / Parent / Guardian (from Profile)</i>	
Name: (first and last) <input type="text"/>	<i>Mother / Parent / Guardian (from Profile)</i>
Phone Number: <input type="text"/>	Name: (first and last) <input type="text"/>
Email: <input type="text"/>	Phone Number: <input type="text"/>
	Email: <input type="text"/>
<i>Emergency Contact Information</i>	
Person's Name: <input type="text"/>	<i>Doctor/Physician Information</i>
Phone Number: <input type="text"/>	Doctor/Physician's Name: <input type="text"/>
Relationship to Student: <input type="text"/>	Phone Number: <input type="text"/>
	Insurance Co. and Policy #: <input type="text"/>
<i>Medical/Dental Conditions</i>	<i>Allergies</i>
List any medical/dental conditions that a medical doctor/dentist should be made aware of: <i>(if none, type "none")</i>	List any allergies that a medical doctor/dentist should be made aware of, including food allergies: <i>(if none, type "none")</i>
<input type="text"/>	<input type="text"/>

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