



NORTH DAKOTA FFA STUDENT PERMISSION FORM

EMERGENCY MEDICAL FORM, WAIVER OF LIABILITY, PERSONAL CONDUCT AGREEMENT AND PROMOTIONAL RELEASE

Participant Last Name	Participant First Name	Age	Chapter
Parent or Guardian Name	Home Phone Number	Work Phone Number	
Insurance Company	Insurance Company Address		
Policy Number	Allergies (if any)		
Current Medications	Any medical conditions or disabilities of which ND FFA should be aware of? Please Explain.		
Emergency Contact Name	Emergency Contact Phone Number	Relationship	

WAIVER OF LIABILITY

In exchange for my being allowed to participate in a ND FFA Event (the "Program"), a program administered by the North Dakota FFA Association ("ND FFA") and North Dakota Career and Technical Education ("ND CTE"), I, and if I am not yet 21 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular) agree to be bound by each of the following:

1. Voluntary Participation. I understand and confirm that my participation in the Program is voluntary.
2. Identification of Risks. I understand that ND FFA and its representatives may not 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. I understand that this Waiver and Release of Liability is intended to address all of the risks of any kind associated with my participation in any aspect of the Program, or with the time I am involved in the Program, including, particularly, such risks created by actions, inactions, or negligence on the part of ND FFA or its directors, officers, employees, agents, volunteers, successors, or assigns, including but not limited to risks created by the following: (a) the use and condition of various modes of transportation, premises, facilities, and equipment; (b) the lack or inadequacy of policies, rules, or regulations of the Program; (c) the failure of ND FFA to foresee or to protect me from actions, inactions, negligence, recklessness, or intentional or criminal misconduct of persons, other than those affiliated with ND FFA; (d) the inadequacy or unavailability of medical facilities or treatment; or (e) the lack or inadequacy of supervision. (f) the risk of contracting an infectious disease, not limited to Influenza, MRSA or COVID-19.
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 ND FFA & ND CTE 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 the Program (a "Claim"), whether or not caused in whole or part by the negligence or other misconduct of ND FFA or any of the individuals mentioned above.
5. Indemnification. I agree to indemnify and to hold harmless (in other words, to reimburse and to be responsible for) ND FFA and its directors, officers, employees, agents, volunteers, successors, and assigns from all claims for any liability, injury, loss, damages, or expense, including attorneys' fees (including the cost of defending any Claim I might make, or that might be made on my behalf, that is released or waived by this instrument), in any way connected with or arising out of my participation in the Program, whether or not caused in whole or in part by the negligence or other misconduct of ND FFA or any of the individuals mentioned above.
6. Binding Effect. This instrument shall be binding upon my relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns and shall inure to the benefit of ND FFA and its successors and assigns.
7. Consent to Medical Treatment. I authorize ND 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 ND FFA to provide such assistance, transportation, or services.
8. Severability. If any term or provision of this instrument or the application thereof to any person or circumstances shall to any extent or for any reason be invalid or unenforceable, the remainder of this instrument and the application of such term or provision to persons or circumstances other than those as to which it is held invalid or unenforceable shall not be affected thereby, and each term and provision of the instrument shall be valid and enforced to the fullest extent permitted by law.
9. Applicable Law. Because ND FFA and the Program are headquartered in the State of North Dakota, and in order to provide certainty in the law to be applied to the construction of this instrument, this instrument shall be governed, construed, and enforced in accordance with the law of the State of North Dakota.

PERSONAL CONDUCT AGREEMENT

While participating in the Program, attendees represent FFA, their school and community. FFA has established behavioral expectations that must be observed by all participants. All students attending must be properly chaperoned. The ND FFA does not assume supervisory responsibility of any students. Supervision is the sole responsibility of the local school district and its appointed representatives. ND FFA requires that an appointed school district representative attend the Program with their students.

ND FFA reserves the right to immediately terminate Program attendance of any member found to have violated these behavioral expectations. They will be required to leave the property and will be responsible for all expenses associated with termination.

In exchange for my being allowed to participate in an event or activity sponsored by ND FFA, I, and if I am not yet 21 years old, my parent(s) or legal guardian(s) (individually and collectively referred to below in the first person singular) agree to be bound by the behavioral expectations set forth above and each of the following:

1. Abide by the National FFA Code of Ethics as printed in the Official FFA Manual.
2. Try to set an example by being neat in appearance, and wearing an official FFA jacket, white shirt and FFA tie or scarf on all official occasions.
3. Refrain from the use of alcohol, electronic cigarettes, vaping, nicotine products, drugs or any other controlled/illegal substances.
4. The use of poor or profane language or any bullying behavior will not be tolerated.
5. Attend all sessions, meetings and activities as directed by my advisor.
6. Not be in the hotel/sleeping room of a member of the opposite sex.
7. Keep my advisor informed of my activities and whereabouts at all times.
8. Always Remember that I represent much more than myself. Members of the business community, the schools, the Legislature and the public will see in me the image of the FFA and chapter I represent.
9. Strive to grow in leadership ability, maturity, self-confidence.

PROMOTIONAL RELEASE

I grant the North Dakota FFA Association (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 is deemed appropriate by FFA for education or for promotion of the FFA.

I release ND FFA 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 I will receive no compensation for participation and that all photography and videotape resulting from participation will become the sole property of ND FFA.

In exchange for my being allowed to participate as a State Officer or activity sponsored by ND FFA, I, and if I am not yet 21 years old, my parent(s) or legal guardian(s) (individually and collectively referred to below in the first person singular), I verify that I fully understand, agree to and accept all provisions and obligations set forth in this Promotional Release.

Participant Signature	Date
Parent or Legal Guardian Signature	Date

ADVISOR AND PRINCIPAL CERTIFICATION

I hereby certify that the applicant has shown outstanding ability as evidenced by his/her leadership and cooperation in student, chapter, and community development. Therefore, without reservation, I approve his/her attendance at the specified North Dakota FFA event.

Advisor Signature	Date
School Administrator Signature	Date