RELEASE OF LIABILITY

In exchange for participation in the activity of Nebraska State FFA Grain Engulfment Training organized by Nebraska Grain and Feed Association, of 4600 W Valley Rd, Ste 317, Lincoln, Nebraska, 68508 and/or use of the property, facilities and services of Nebraska Grain and Feed Association, I agree for myself and (if applicable) for the members of my family, to the following:

1. AGREEMENT TO FOLLOW DIRECTIONS. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Nebraska Grain and Feed Association, or the employees, representatives or agents of Nebraska Grain and Feed Association.

2. ASSUMPTION OF THE RISKS AND RELEASE. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Nebraska Grain and Feed Association for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of Nebraska Grain and Feed Association, whether caused by the fault of myself, my family, Nebraska Grain and Feed Association or other third parties.

3. INDEMNIFICATION. I agree to indemnify and defend Nebraska Grain and Feed Association against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of Nebraska Grain and Feed Association.

4. FEES. I agree to pay for all damages to the facilities of Nebraska Grain and Feed Association caused by any negligent, reckless, or willful actions by me or my family.

5. CONSENT. I, ___________________________ (parent/guardian) of _________________ (student name) of consent to the participation of Nebraska State FFA Grain Engulfment Training, and agree on behalf of the above minor to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of ____________________.

6. MEDICAL AUTHORIZATION. In the event of an injury to the above minor during the above described activities, I give my permission to Nebraska Grain and Feed Association or to the employees, representatives or agents of Nebraska Grain and Feed Association to arrange for all necessary medical treatment for which I shall be financially responsible. This temporary authority will begin on April 01, 2020 and will remain in effect until terminated in writing by the undersigned or April 03, 2020, whichever occurs first. Nebraska Grain and Feed Association shall have the following powers:

a. The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital;
b. The power to authorize medical treatment or medical procedures in an emergency situation

7. EMERGENCY CONTACT. In case of an emergency, please call ________________
   (Relationship: ________________) at ________________.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY
SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Signature of Parent/Guardian: ________________________________
____________________