

Nebraska FFA Association Medical Release Form

I, _____ of _____, _____,
 Parent/Guardian Name Address City
 _____, am the _____ of _____, born ____/____/____.
 State Zip Relation Member's Name Month/Date/Year

I hereby give my consent, in the event all reasonable attempts to contact me have been unsuccessful, for immediate medical treatment as required in the judgment of the attending physician while _____ (member) is absent from home from _____ (beginning date) to _____ (ending date).

Parent/Guardian Contact Information

	Name	Home Number	Work Number	Mobile Number
Guardian 1:				
Guardian 2:				

Emergency Contacts (if a parent/guardian cannot be reached)

	Name	Relationship	First Number	Second Number
Choice 1:				
Choice 2:				

Medical Provider Information

	Physician	Dentist
Name:		
Practice Name:		
Address:		
City/State/Zip:		
Work Phone:		
Home Phone:		

Medical insurance company _____ Policy number _____

Name of insured _____

The following information is needed by any hospital or practitioner not having access to a medical history:

Allergies _____ Date of last tetanus shot _____

Medication being taken _____

Physical impairments _____

Other pertinent facts to which physician should be alerted _____

In a medical emergency, I consent to the local/state advisor or appointed agents, his/her or their discretion in using, taking, arranging for or consenting to the procedures or treatment. I agree to indemnify and hold harmless the Nebraska Department of Education, the Nebraska FFA Association to indemnify members, agents, employees and representatives thereof, for any and all claims, arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards. I assume the total financial responsibility for the above-named member and will not hold the Nebraska Department of Education, the Nebraska FFA Association responsible in the event of medical emergency.

 Printed Name (Parent/Guardian)

 Signature

 Date

Nebraska FFA Association
Personal Conduct Agreement and Photo/Video Release
Leadership Conferences and Activities General Behavioral Expectations

While participating in Nebraska FFA conferences and activities sponsored or managed by the Nebraska FFA Association, you not only represent Nebraska FFA but also your school and community. Nebraska FFA Association has, therefore, established certain behavioral expectations that must be observed by all participants to maintain good standing with the Nebraska FFA Association and participation in these programs. Nebraska FFA expects our members to respect each other, guests, and leaders at all Nebraska FFA events held at the district and state levels.

All participants in an event or activity sponsored by the Nebraska FFA Association are prohibited from involvement in unsafe, irresponsible, and/or illegal conduct. In addition, you must abide by the following rules and regulations established by the Nebraska FFA Association:

1. I promise that my attitude, conduct and appearance will be such to reflect credit on my chapter, school, community and Nebraska FFA.
2. As a representative of Nebraska FFA, I will be well groomed and dress appropriately. I will not wear distasteful/suggestive clothing or shirts with beer/tobacco advertising on them.
3. I will not be in the hotel/sleeping room of a member of the opposite sex. Failure to abide by this rule will result in immediate dismissal from the conference/activity.
4. I will not have in my possession or use drugs, alcohol or tobacco at any time during the conference/activity.

By Department of Education policy, the Nebraska FFA Association and the Nebraska Department of Education do not assume supervisory responsibility of any students during this activity. Supervision is the sole responsibility of the local school and its appointed representatives.

The Nebraska FFA Association reserves the right to immediately terminate from the conference/activity, anyone who is found to have violated these behavioral expectations. Students terminated from the conference/activity will be sent home at their own expense and will be responsible for all other expenses associated with their termination. Registration fees will not be reimbursed. My advisor, school administrator and parent(s)/guardian(s) will be notified.

Personal Conduct Agreement

1. I agree to participate in the Nebraska FFA conference/activity according to the guidelines set forth in this Personal Conduct Agreement and other applicable Nebraska FFA Association publications.
2. I understand that the Nebraska FFA Association reserves the right and I agree that the Nebraska FFA Association has the right to immediately terminate my participation at the sole discretion of the Nebraska FFA Association, through its representatives, if I engage in behavior that is unsafe, irresponsible, illegal or otherwise contrary to the Nebraska FFA Association policy as expressed above.
3. I further understand and agree that if my participation is terminated pursuant to the preceding paragraph, (a) I will be solely responsible for all costs associated with my early termination, including travel expenses, and (b) I will not be entitled to any refund or money I have paid to the Nebraska FFA Association for participation fees.
4. I agree to allow the Nebraska FFA Association and its representatives to make reasonable, unannounced searches of my living quarters and personal belongings if the Nebraska FFA Association reasonably suspects that I am violating the behavioral expectations set forth in this Agreement and other applicable Nebraska FFA Association publications.

By signature below, I acknowledge that I have read this Personal Conduct Agreement understand the behavioral expectations and agree to abide by those behavioral expectation, and agree to each of the above paragraphs.

Photo/Video Release

Nebraska FFA Association may on occasion take photographs and /or video of its members or program participants for use in print materials or by electronic methods. Your entry into and participation in Nebraska FFA affiliated programs or events grants permission for the Nebraska FFA Association to use these photographs and/or videos in marketing and public relations efforts.

Printed Name (Participant)

Signature

Date

If the participant is not 21 years of age, a parent or legal guardian of the participant must sign below.

In exchange for my child or ward being allowed to participate in the Nebraska FFA Association conference/activity and as the custodial parent(s) or legal guardian(s) of the above mentioned individual, I verify that I fully understand, agree to, and accept all provisions and obligations set forth in this Personal Conduct Agreement and Photo/Video Release.

Printed Name (Parent/Guardian)

Signature

Date