

LIABILITY RELEASE & PERMISSION FORM

RELEASE OF ALL CLAIMS

NAME _____ CHAPTER _____
BIRTHDAY ____/____/____ SESSION _____

Please run off one copy for each member who will be attending camp. Bring this form, SIGNED BY PARENTS, with the registration fee to camp or mail in with registration.

In consideration for being accepted by The Western Institute of Leadership for Life, Inc. for participation in the Wyoming FFA Leadership Camp (camp), we (I), being 18 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless the Western Institute of leadership for Life, Inc., the directors, counselors, and staff (the Organization) from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip and activity.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 18 years] hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein. We (I) understand that attending camp is an FFA supported event and any rules, guidelines, and/or laws according to state or school policy apply. We (I) understand the any personal property can be searched by a camp director, camp staff, facility manager, state employee, and/or law enforcement member if deemed necessary.

Further authorization and permission is hereby given to said Organization to furnish any necessary transportation, food, and lodging for this participant. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Organization. We agree to the Multimedia Recording and Usage Policy.

The undersigned further hereby agrees to hold harmless and indemnify said Organization, its directors, employees, counselors, and agents, for any liability sustained by said Organization as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 18 years):

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said camp, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or

medical treatment, and assume the responsibility of all medical bills, if any.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental 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 dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Multimedia Recording and Usage Policy

Western Institute of Leadership for Life, Inc. (DBA Wyoming FFA Leadership Camp) staff and its designees may capture photos, video and other recordings of participants before, during and after events at the Wyoming FFA Leadership Camp. Please be aware that all recorded media may be used by the Wyoming FFA Leadership Camp or with Western Institute of Leadership for Life, Inc.'s consent in future print materials, online materials including the official camp website (<http://www.ffacamp.org>) and its official social media accounts, signage, slideshows, podcasts, videos and other uses in physical and digital forms. Attendance of Wyoming FFA Leadership Camp implies your consent to be photographed, videotaped and otherwise recorded for these purposes. No individual or group may sell or distribute any Multimedia from Wyoming FFA Leadership Camp without its consent.

I have read and agree to the terms contained herein.

If under 18, a parent or legal guardian must sign unless parents are separated or divorced, in which case the custodial parent must sign and date.

_____ Date _____
Parent or Legal Guardian Signature

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership.

_____ Date _____
Participant's Signature

FFA CAMP MEDICAL INFORMATION

We need the following Medical History for your child should sickness or injury occur. Check and/or give approximate dates where applicable:

- | | | |
|--|--|--|
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> AIDS (HIV virus) |
| <input type="checkbox"/> Frequent sore throats | <input type="checkbox"/> Measles | <input type="checkbox"/> Hay fever/asthma |
| <input type="checkbox"/> Stomach Upsets | <input type="checkbox"/> German Measles | <input type="checkbox"/> Tetanus booster |
| <input type="checkbox"/> Abscessed ears | <input type="checkbox"/> Mumps | <input type="checkbox"/> Insect allergies |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Polio vaccine booster |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Broken bones |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Typhoid vacc booster |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Serious ivy poisoning |

Has your child had any major surgery? (Circle One) Yes No
If so, please describe on back.

Is your child allergic to penicillin? (Circle One) Yes No

Other drugs? _____

Other allergies? _____

Details _____

Is your child taking medication/s at this time? (Circle One) Yes No

Type/Dosage _____

For What? _____

Type/Dosage _____

For What? _____

Please Print

Father: _____ Phone-Day: _____ Eve: _____

Mother: _____ Phone-Day: _____ Eve: _____

Legal Guardian: _____ Phone-Day: _____ Eve: _____

Person to contact in emergency if age 21: _____ PH: _____

Hospital Insurance (Circle) Yes No

Insurance Co _____ Policy #: _____

Physician's Name _____

Physician's Phone _____ Emergency # _____

Please use this side for further details or pertinent information.

Revised 04/01/2013