



Growing Our Leaders' Development Conference Waiver

For Parent/Guardian: Emergency Contact

Participant Name: _____

Emergency Contact Name: _____

Relationship to Participant: _____

Phone: _____

List the student's allergies, dietary restrictions, current medications, and/or any special information for the student's safety that the conference staff needs to know on the line below.

Waiver of Liability

I, Parent Name understand that participation in this conference is a privilege. Although my child will be supervised, I do assume all risk in my child's participation in the event. I acknowledge that I will not seek to have the Montana FFA Foundation or the Montana FFA Association held liable in the event that any accident, injury, loss of property or any other circumstance or incident occurs during or as a result of my child's participation in the conference. This release of liability includes accident, injury, loss, or damages to the student, as well as to other individuals or property which may result from my child's participation in the event. I give permission to the Montana FFA Foundation or the Montana FFA Association to take my child to receive medical attention, if necessary. I hereby release and agree to hold harmless the Montana FFA Foundation, its employees; and the Montana FFA Association and its members from any claims arising out of my child's participation in the event(s).

I have read and understand and accept all of the statements recited above and accept full responsibility as described.

Parent Signature **Date**

Media Release

I hereby give permission to Montana FFA Foundation, Montana FFA Association, and Torgerson's LLC to take and publish videos and photos of my child taken during this conference.

Parent Signature **Date**

For Participant:

I acknowledge that if accepted to attend the Montana FFA Growing Our Leaders' Development (GOLD) Conference, I will spread the knowledge that I learned on the conference with my chapter and community. While attending the conference, I acknowledge the fact that I am representing the FFA; therefore, I will not consume alcohol or use tobacco products of any kind and will refrain from misconduct. I also realize that if I fail to adhere to these expectations, then I will be excused from the conference and my parents/guardians are responsible for my immediate return home.

Participant Signature **Date**

For Advisor:

I recommend this student to attend the GOLD Conference. **YES** **NO** (please circle)

Advisor Signature **Date**