

**NEBRASKA FFA ASSOCIATION
Medical Release Form**

I, _____ of _____
Parent/Guardian Name Address

_____, am the _____ of _____
City State Zip Relation Member's Name

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 _____ is absent from home _____ (date) to _____ (date).

Member's date of birth: _____ Social Security Number: _____

Parent/Guardian phone number(s): Work _____

Home _____

Physician

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 _____

If Parent/Guardian cannot be reached in case of emergency call:

First Choice Name (Area Code) Phone Number

Second Choice Name (Area Code) Phone Number

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 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 Association of FFA responsible in the event of medical emergency.

Signature of Parent/Guardian Signed in my presence this _____ of _____
(day) (month) (year)

Date Notary Signature



Nebraska FFA Association Personal Conduct Agreement
FFA Leadership Conferences and Activities
General Behavioral Expectations

While participating in FFA conferences and activities sponsored or managed by Nebraska FFA Association, you not only represent FFA but also your school and community. FFA has, therefore, established certain behavioral expectations that must be observed by all participants to maintain good standing with FFA and participation in these programs.

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

1. I promise that my attitude, conduct and appearance will be such to reflect credit on my chapter, school, community and State FFA Association.
2. I promise to abide by the National FFA Code of Ethics and the FFA Dress Code.
3. 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.
4. 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.
5. 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.

FFA 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 FFA's conference/activity according to the guidelines set forth in this Personal Conduct Agreement and other applicable FFA publications.
2. I understand that FFA reserves the right and I agree that FFA has the right to immediately terminate my participation at the sole discretion of FFA, through its representatives, if I engage in behavior that is unsafe, irresponsible, illegal or otherwise contrary to FFA 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 FFA for participation fees.
4. I agree to allow FFA and its representatives to make reasonable, unannounced searches of my living quarters and personal belongings if FFA reasonably suspects that I am violating the behavioral expectations set forth in this Agreement and other applicable FFA 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.

Printed Name (Participant)

Signature

Date

If the participant is not 21 years of age the parent(s) or legal guardian(s) of the participant must sign below.

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

Printed Name (Parent/Guardian)

Signature

Date

Printed Name (Parent/Guardian)

Signature

Date