

PENNSYLVANIA STATE FFA ACTIVITIES WEEK

SAFE TRACTOR DRIVING CAREER DEVELOPMENT EVENT WAIVER FORM

Participant Name: _____ School: _____

FFA Membership ID Number: _____ FFA Region: _____

In exchange for my being allowed to participate in The Safe Tractor Driving State CDE, a program administered by The Pennsylvania FFA Association, I, and if I am not 21 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular) agree to be bound by the following:

1. Voluntary Participation. I understand and confirm that my participation in the Program is voluntary.
2. Identification of Risks. I understand that The Pennsylvania FFA Association and its representatives may not be present during my participation in the Program. I understand that my participation in the Program may involve risk of injury and loss, both to person and to property. I also understand that the risk of injury may include the possibility of permanent disability and death.
3. Assumption of Risk. I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my participation in the Program. I accept personal responsibility for any liability, injury, loss or damage in any way connected with my participation in the Program.
4. Release and Waiver. I release The Pennsylvania FFA Association and its directors, officers, employees, agents, volunteers, successors, and assigns from any and all liability for and waive any and all claims for injury, loss, or damage, including attorneys' fees, in any way connected with my participation in the Program (a "Claim"), whether or not caused in the whole or part by the negligence (but not the gross negligence) of The Pennsylvania FFA Association or any of the individuals mentioned above.
5. Consent to Medical Treatment. I authorize The Pennsylvania FFA Association to provide to me, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services. This consent does not impose a duty upon The Pennsylvania FFA Association to provide such assistance, transportation, or services.
6. Publication. I authorize The Pennsylvania FFA Association to use my name, photo, materials produced for the program, or presentation in program for FFA materials, including but not limited to, edu. resources, press releases, web-based publicity, & other publicity materials.
7. Severability. Each term and provision of the instrument shall be valid and enforced separately to the fullest extent permitted by law.
8. Applicable Law. This instrument shall be governed, construed, and enforced in accordance with the law of the Commonwealth of Pennsylvania

THIS IS A WAIVER AND RELEASE OF LIABILITY. I HAVE READ THIS WAIVER, RELEASE OF LIABILITY AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER, RELEASE OF LIABILITY AND CONSENT VOLUNTARILY.

Participant's certification of eligibility and original effort, and authorization to use materials:

1. I hereby certify that I meet all eligibility requirements for participation in the above cited Career Development Event for the current year, as set forth in the latest version of the PA FFA Handbook (www.paffa.state.pa.us)
2. Any material submitted is the result of my own effort and ability. However, in securing information as direct quotes or phrases, specific dates, figures or other materials, such must be marked in "quotes" in manuscripts and are identified in the bibliography at the end of the manuscript. Failure to do so represents plagiarism and will automatically disqualify a contestant.

Participant: _____
Printed Name Signature Date

If the person participating in the program is not yet 21 years old, both parents or the legal guardian(s) must sign:

In exchange for my/our child or ward being allowed to participate in the Program, and as the parent(s) or legal guardian(s) of the above-named individual, I/we verify that I/we fully understand, agree to, and accept all provisions of this Waiver, Release of Liability and Consent.

Guardian: _____
Printed Name Signature Date

Guardian: _____
Printed Name Signature Date

Insurance Company: _____ Policy Number: _____

Witness: _____

Printed Name

Signature

Date