

# Ohio FCCLA Program and Event Release of Liability and Consent

Participant Name: \_\_\_\_\_ Chapter Name: \_\_\_\_\_

**In exchange for my being allowed to participate in a program and/or event administered by the Ohio FCCLA Association ("Ohio FCCLA"), 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 Ohio FCCLA 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 Ohio FCCLA and its directors, officers, employees, representatives, agents, volunteers, successors, assigns, and any and all persons or entities participating on the Ohio FCCLA's behalf ("Representatives") 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 caused in the whole or part by the negligence (but not the gross negligence) of the Ohio FCCLA or any of its Representatives.
5. Consent to Medical Treatment. I authorize the Ohio FCCLA to provide me, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services. This consent does not impose a duty upon the Ohio FCCLA to provide such assistance, transportation, or services.
6. Publication. I authorize the Ohio FCCLA to use my name, photo, materials or presentation produced for the program in educational 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 laws of the State of Ohio.
9. Participant's certification of eligibility and original effort, and authorization to use materials:
  - a. I hereby certify that I meet all eligibility requirements for participation in this program and/or event for the current year.
  - b. Any material submitted is the result of my own effort and ability. I understand that information such as direct quotes, phrases, specific dates, figures or other materials must be marked in "quotes" in manuscripts and must be identified in the bibliography at the end of the manuscript. I further understand that failure to do so represents plagiarism and will automatically disqualify me from this program and/or event.

**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.**

**Please give your completed Waivers to your FCCLA Chapter Advisor.**

**Participant:** Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## **PARENT/GUARDIAN DOCUMENTATION:**

If the person participating in the Program is not yet 21 years old, a parent or legal guardian must also sign:

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

**Guardian:** Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## **TEACHER DOCUMENTATION:**

My signature certifies that the above named individual will be participating in Ohio FCCLA programs and activities and that this individual has been properly trained and prepared.

**Teacher:** Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_