



## Wisconsin Association of FFA COVID - 19 Participant Waiver

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the state and federal government has set recommendations, guidelines, and some prohibitions which the Wisconsin Association of FFA adheres to. In consideration of my participation in the foregoing, the undersigned acknowledge and agree to the following:

- I am aware of the existence of the risk from my participation in the activity of the Wisconsin FFA that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 that may lead to paralysis or death.
- I have not experienced symptoms of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 5 days.
- I have not been, nor any member(s) of my household, diagnosed to be infected with COVID-19 virus within the last 5 days.
- If I test positive for COVID-19, am directly exposed to any who have tested positive for COVID -19, or if I am identified by contact tracing which involves identifying people who have a positive COVID-19 test and people who they came in contact with (contacts) and working with them to interrupt disease spread, I will follow CDC and IDPH guidance for quarantine and isolation.

Following the pronouncements above I hereby declare the following:

- I am fully and personally responsible for my own safety and actions while and during my participation. I will wear my mask during the event. I recognize that I may in any case be at risk of contracting COVID-19.
- With full knowledge of the risks involved, I hereby release, waive, discharge the Organization, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me or my personal network of family/ and friends related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.
- I agree to indemnify, defend, and hold harmless the Organization from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

By signing below I acknowledge and verify that I fully understand, agree to and accept all provisions and obligations set forth in this waiver. This waiver will remain effective until guidelines and mandates relevant to COVID-19 are lifted.

\_\_\_\_\_  
Conference Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Conference Participant Parent Signature

\_\_\_\_\_  
Date



# Photo/Video Release

I grant the Wisconsin Association of FFA permission to photograph and/or videotape my child for possible appearance and inclusion in any of the FFA publications, promotional materials, on-air broadcasts, and website and/or used in any other way that is deemed appropriate by FFA for education or for promotion of the Wisconsin Association of FFA.

I release FFA of any liability, claims, demands, damages, actions and causes of actions arising from or connected in any way with the use of the photographs and/or videotapes.

I understand that my child will receive no compensation for participation, and that all photography and videotape resulting from participation will become the sole property of FFA.

I state that I am the parent or legal guardian of \_\_\_\_\_, and consent to all of the conditions listed above.  
Students Name

Child's Name (printed): \_\_\_\_\_

Parent/Guardian Name (printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OR, If you are 18 or older, please sign below on your own behalf.**

Individual Name (printed): \_\_\_\_\_

Individual Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **PERSONAL CONDUCT AGREEMENT**

### **General Behavior Expectations**

#### **Wisconsin Association of FFA**

While participating in the leadership conference, managed by the Wisconsin Association of FFA (“FFA”), there are 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. You are prohibited from consuming alcoholic beverages. In addition, you must abide by all rules and regulations established by FFA for participation in the leadership conference.

- a) I promise that my attitude, conduct and appearance will be such to reflect credit on my chapter, school, community and state FFA association.
- b) I promise to abide by the National FFA Code of Ethics.
- c) As a representative of over 660,000 FFA members, I will be well-groomed and dress appropriately during the leadership conference.
- d) I will not be in a hotel room of another participant of the opposite sex. Failure to abide by this rule will result in immediate dismissal from the conference and my parent(s)/ guardian(s) will be notified.
- e) I will not use drugs, alcohol, or tobacco at any time during the conference. I understand if I violate this rule, I will be sent home immediately at my own expense and my parent(s)/guardian(s) will be notified.
- f) I will not damage any hotel property during my participation in the leadership conference. I will pay for all personal costs and any damage of hotel property directly related to my stay at the hotel before I depart the conference. My room will be kept neat and clean.

**FFA reserves the right to immediately terminate from the conference anyone who is found to have violated these behavioral expectations. Students terminated from the conference will be sent home at their own expense and will be responsible for all other expenses associated with their termination.**



## **PERSONAL CONDUCT AGREEMENT**

### **General Behavior Expectations**

### **Wisconsin Association of FFA**

In exchange for my being allowed to participate in an event or activity sponsored by FFA, I, and my parent(s) or legal guardian(s) (individually and collectively referred to below in the first person singular) agree to be bound by the behavioral expectations set forth above and each of the following.

1. I agree to participate in FFA's leadership conference 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 in the conference at the sole discretion of FFA, through its representatives, if I (a) engage in behavior that is unsafe, irresponsible, illegal, or otherwise contrary to FFA policy as expressed above or (b) consume alcohol.
3. I further understand and agree that if my participation in the leadership conference is terminated pursuant to the preceding paragraph, (a) I will be solely responsible for all costs associated with my early termination, including my travel expenses, and (b) I will not be entitled to any refund of money I have paid to FFA for my participation in the conference.
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 of the conference, agree to abide by those behavioral expectations, and agree to each of the above paragraphs.

\_\_\_\_\_  
Printed Name (Participant)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

In exchange for my child being allowed to participate in the conference sponsored by the FFA and as the custodial 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 and obligations set forth in this Personal Conduct Agreement.

\_\_\_\_\_  
Printed Name  
(Parent or Legal Guardian)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name  
(Parent or Legal Guardian)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date