

Tennessee FFA/Camp Clements

PERSONAL LIABILITY / MEDICAL RELEASE / PUBLICITY RELEASE FORM

Participant Information

Participant Name (first, last)		Parent/Guardian Name	
Participant's Home Address		Parent/Guardian Emergency Phone Number (required) ()	
City, State, Zip Code		Alternate Emergency Phone Number (required) ()	
Home Telephone ()	Participant Cell Phone ()	Local Chapter/School Name (required)	
Age (if 18 and under)	Date of Birth (mm/dd/yyyy) / /	Check One <input type="radio"/> Male <input type="radio"/> Female	Location of School (city)
Advisor Name (required)	Advisor Cell (required) ()	Participant Email Address (required)	

Medical Information

Is Participant Covered by Medical Insurance? <input type="radio"/> Yes <input type="radio"/> No		Name of Person Responsible for Participant's Medical Bills	
Insurance Company	Name of Insured	Relationship to Student of Responsible Party <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Other _____	
Insured's HOME Phone No. ()	Insured's CELL Phone No. ()	Participant Medical History (check all that apply) <input type="radio"/> Yes <input type="radio"/> No Allergies? (list) _____	
Insured's Plan Number	Insured's Group Number	<input type="radio"/> Yes <input type="radio"/> No Diabetes? <input type="radio"/> Yes <input type="radio"/> No Epilepsy?	
Name of Physician	Physician's Phone Number ()	<input type="radio"/> Yes <input type="radio"/> No Heart /Lung Problems? <input type="radio"/> Yes <input type="radio"/> No Other; if yes, please explain: _____	
Does participant have a disability that meets criteria specified by the Americans with Disabilities Act (ADA)? <input type="radio"/> Yes <input type="radio"/> No (We will contact you if necessary.)		Medications: (list) _____	

Liability / Medical Release: I certify that the information above is accurate and complete to the best of my knowledge. I hereby agree to release the National and State Association of FFA and their representatives, agents, and employees from liability for any injury to said minor child/adult participant resulting from any cause whatsoever occurring to said child/adult, at any time, while attending any of the organization's regional/district/state meetings and events, including travel to and from.

Parent / Guardian / Responsible Party: Please check one of the following, sign and date that you are aware.

I give my permission for immediate medical treatment as required in the judgment of the attending physician. I understand that you will notify me and/or any person(s) listed above as soon as possible.

I DO NOT give permission for medical treatment until I have been contacted.

I am aware that it is my responsibility to submit updated medical information to the chapter advisor if needed prior to each event occurring.

Note to Parent / Guardian: If applicable, please send a copy of your insurance card with your child.

Publicity and Website Permission

The Camp Clements and the Tennessee FFA website are the primary modes of communication for our students, instructors and others. We understand the global nature of the Internet and concerns for protection and privacy; accordingly, we ask your permission to use images of your child within the Camp Clements and the Tennessee FFA. Images of students, instructors, employees, parents, and others used in publications and on our website may be included when they are involved in projects, when they are in groups (classrooms, conferences, activities, contests, or chapters), or when their student group receives recognition at the local, district, regional, state, or national level. The website will not include last names, but will use a student's first name only for that student's protection; however, publications may use the student's entire name.

Permission to Use Student's Image: Please check the box indicating that you are granting this permission. Do not check the box if your intent is to **WITHHOLD** permission.

I hereby grant permission to use my child's image, name, and/or selected school materials (projects, papers, art work) in publications and on the Tennessee FFA and the Camp Clements website.

STUDENT SIGNATURE:	Print Name (first, last)	Date Signed (mm/dd/yyyy) / /
PARENT / GUARDIAN / RESPONSIBLE PARTY SIGNATURE:	Print Name (first, last)	Date Signed (mm/dd/yyyy) / /

NOTE: Participants under the age of 18 must be signed by a parent or legal guardian.)

ADVISOR SIGNATURE:	Print Name (first, last)	Date Signed (mm/dd/yyyy) / /
---------------------------	---------------------------------	--