Area V FFA Association
Minor's Release Form

CIRCLE ONE – Program Date: Greenhand Camp

Leadership Camp A

Leadership Camp B

INSTRUCTIONS: Complete the form with appropriate signatures and bring with you to the Area V FFA Greenhand Camp or Leadership Conference.

I, or we, parent(s) or guardian(s) for a minor child named_____ do hereby give consent for said minor child to participate in all activities scheduled as part of the Area V FFA Greenhand Camp to be conducted at Krum Middle School or Leadership Conference to be conducted at Collin County Adventure Camp. The below signed individual(s) herby agree(s) to indemnify Krum ISD or Collin County Adventure Camp and the Area V FFA Association and its agents, servants and/or employees from any damages, claims, expenses or costs of whatever nature which may be incurred or caused by any participant of the group while on the premises, whether by reason of accident or otherwise, and further agree to hold Krum ISD or Collin County Adventure Camp and the Area V FFA Association and its agents, servants and /or employees harmless from any and all damages.

In the event that photographs, slides, or video tapes are made of said minor child, I/we consent to the release of those photographs, slides and video tapes for use in promoting programs for the Texas FFA.

___YES ___NO

I/we further give permission to have emergency first-aid administered by any qualified person in case of illness and/or injury to said minor child and to have said minor child transported by the most expedient means of conveyance to the nearest physician, hospital, or clinic and to there receive such treatment as is medically prescribed by physician(s). Further I/we, do hearby authorize the release of medical records by hospital, clinic, and/or physician for the purpose of filing insurance claims. In case of extreme illness and/or injury, I/we do further agree that the Krum ISD or Collin County Adventure Camp, Area V FFA Association and their employees or agents, individually or collectively, shall not be held responsible or liable for personal injury or loss resulting either on the premises of Krum ISD or the Collin County Adventure Camp or en route to or from the Area V FFA Greenhand Camp or Leadership Conference.

_____	_____	_____
Signature of Parent of Guardian	Participant	Advisor

_____
Date

PLEASE READ CAREFULLY, FILL IN ALL APPROPRIATE SPACES & GET THE REQUIRED SIGNATURES.