



Minor's Release Form



Please Complete if the member is under the age of 18.

I, or we, parent(s) or guardian(s) of a minor child named _____ do hereby give consent for said minor child to participate in all activities scheduled as part of 2022 Area III FFA Leadership Conference to be held in Katy, Texas at the Katy ISD Ag Facility and the Holiday Inn, Katy Mills, from June 20-22, 2022. Students will be attending meetings, ceremonies, and other activities during their attendance.

In the event that photographs, slides, or videotapes are made of a said minor child, I/we consent to the release of those photographs, slides, and videotapes for use in promoting programs at the Area III FFA Leadership Conference.

___ YES

___ NO

I/we further give consent for said minor child to participate in scheduled field trips during this program. I/we understand that only approved adult volunteers and/or staff will transport said minor off the conference grounds and will serve as a chaperone for the field trip.

___ 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 receive such treatment as is medically prescribed by a physician(s). Further I/we, do hereby 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 Area III FFA Association, 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 the Area III FFA Leadership Conference or en route to and from Katy Ag Facility or the Holiday Inn in Katy, TX

Further, I/We do hereby authorize the Area III FFA Association to release said minor child to the following person/people at the conclusion of the activity:

Signature of Parent of Guardian

Further, I/We require that said child not be released to the following person/people at the conclusion of the activity:

Date

PLEASE READ CAREFULLY AND FILL IN ALL APPROPRIATE SPACES.