Missouri FFA Release and Authorization Form

Please print and make sure to complete and sign all portions of the release form. Please have student members and their parents/quardians read and complete this release and authorization form. Copies must be retained by the Local Chapter Advisor for each student member. STUDENT MEMBER: _____ LOCAL CHAPTER: ____ CELL PHONE: PARENT/GUARDIAN: MEDICAL RELEASE/AGREEMENT TO ACCEPT FINANCIAL RESPONSIBILITY I hereby authorize any necessary medical/dental treatment required for this student. I/We further agree that I/we will assume all expenses involved in such medical/dental procedures and will not hold Missouri FFA or its representatives liable for said expenses. List any medical/dental conditions and allergies that a Physician/Dentist should be made aware of. If student is covered by group or medical insurance, please complete the following: Name of insured ______
Group # ______ Insurance Company_____ Policy # LIABILITY I understand that each individual is responsible for his/her own health insurance coverage while attending a conference or event of Missouri FFA. I hereby release the Missouri Department of Elementary and Secondary Education, Missouri FFA, and any designated individual in charge of the Missouri FFA group or specific activity from any legal or financial responsibility with respect to my personal or my student's participation in, or contact with, any known element associated with an activity including competitive events and travel to/from such events. STUDENT CONDUCT Local Chapter advisor(s)/Instructor(s) are directly responsible for the conduct of their students and supervision. Reasonable rules of conduct must be followed. Unacceptable conduct will be justification for disqualifying the individual and/or school from competition or representation for the current FFA CODE OF ETHICS – Revised by the Delegates at the 1995 National FFA Convention. FFA members conduct themselves at all times to be a credit to their organization, chapter, school, community and family. FFA members pledge to: 1. Develop my potential for premier leadership, personal growth and career success. 2. Make a positive difference in the lives of others. Dress neatly and appropriately for the occasion. Respect the rights of others and their property. 5. Be courteous, honest and fair with others. Communicate in an appropriate, purposeful and positive manner. 7. Demonstrate good sportsmanship by being modest in winning and generous in defeat. Make myself aware of FFA programs and activities and be an active participant. Conduct and value a supervised agricultural experience program. 10. Strive to establish and enhance my skills through agricultural education in order to enter a successful career.

PUBLICITY - STANDARD RELEASE FORM

Missouri FFA or its representatives will be taking photos and video throughout the conference or event for use in any manner Missouri FFA deems appropriate, including, but not limited to, Missouri FFA publications, use on the Missouri FFA website, social media platforms, and in connection with Competitive Events. Names may appear on photos or in videos. By attending the conference or event, permission is granted to make photographs, videotapes, broadcasts, and/or sound recordings, separately or in combination, available for reproduction for educational and promotional purposes by Missouri FFA. All publications become the property of Missouri FFA and conference/event attendees relinquish any and all rights to compensation for use. Consent and approval indicated by the signing parties are applicable to activities associated with the Missouri FFA Association which might include Area, District and/or State events.

Therefore, I hereby authorize the Missouri Department of Elementary and Secondary Education (hereafter, DESE) and its agents to videotape, photograph, and otherwise record my images, likenesses, voice, and related information for use in educational and/or informational videos, publications, promotions and presentations. I hereby waive and release DESE, its employees, partners and agents from any claim or liability arising out of or relating to such use. I hereby grant permission to DESE to copyright and use, re-use, and publish and republish video, images, likenesses, voice and related information in whole or in part. This is to include print, electronic, web and/or various media for an indefinite period of time. I also understand that any photographs, films, videotapes or other recordings in which I may appear may be used by DESE, its employees, partners and agents without any liability or compensation to me. This permission extends to print, audio, electronic, web, including social media, and other formats and materials. Reasonable adjustments may be made to the images, materials and formats for purposes of editorial, layout and delivery need. Permission is granted, although not obligated, to identify the student/myself in connection with the information. I understand the images and information posted to the web can be seen and copied by anyone with access to the internet worldwide.

worldwide.		
Signature of Parent/Guardian	Printed Name	Date
Signature of Student Member	Printed Name	Date