

FALL LEADERSHIP CONFERENCE



2024 Florida FCCLA Fall Leadership Conference Medical Release & Activity Waiver Form

Adviser Information:

Adviser Name: _____ Date of Birth: _____

Address: _____ City, State, ZIP: _____

Phone Number: _____ Chapter Name: _____

Emergency Contact Information:

Emergency Contact Name: _____ Relationship to Adviser: _____

Phone Number: _____ Full Address: _____

Medical Information:

Allergies: _____ Medications: _____

Medical Conditions: _____

Primary Physician Name & Number: _____

Insurance Company & Policy Number: _____

Medical Release and Authorization: I, the undersigned, as an adviser attending the Florida FCCLA Fall Leadership Conference, do hereby authorize the staff of the conference, including its State Staff, State Executive Council, and Board of Directors, to seek and provide appropriate medical treatment for me in the event of an emergency. I understand that every effort will be made to contact my emergency contact listed above before any action is taken. However, if my emergency contact cannot be reached, I give my consent for emergency medical treatment deemed necessary by a licensed medical professional.

Waiver of Claims: I hereby release and hold harmless Florida FCCLA, its State Staff, State Executive Council, and Board of Directors from any and all claims, demands, and causes of action that may arise as a result of my participation in the Florida FCCLA Fall Leadership Conference, including any medical treatment provided in the event of an emergency.

**FALL
LEADERSHIP
CONFERENCE**



2024 Florida FCCLA Fall Leadership Conference Medical Release & Activity Waiver Form

Adviser Name: _____ Date of Birth: _____

On-Site Activities and Water Activities Waiver: I understand that I will have the opportunity to participate in various on-site activities, including but not limited to team-building exercises, leadership workshops, obstacle courses, and waterfront activities. I acknowledge that participation in these activities involves certain inherent risks, including but not limited to physical exertion, potential contact with water, and other unforeseeable hazards.

I hereby consent to participate in all on-site activities, including waterfront activities, conducted during the Florida FCCLA Fall Leadership Conference.

I understand that Florida FCCLA is not responsible for monitoring my participation in activities. It is my responsibility to oversee my own participation in all activities.

I further agree to release, indemnify, and hold harmless Florida FCCLA, its State Staff, State Executive Council, and Board of Directors from any and all claims, demands, and causes of action that may arise as a result of my participation in these activities, including any injury or damage that may occur.

Acknowledgment and Notarization: I have read and understand this Medical Release and Authorization, Waiver of Claims, and On-Site Activities and Water Activities Waiver. By signing below, I acknowledge that I agree to the terms stated above.

Signature of Adviser Attendee: _____ **Date:** _____

Notary Public: State of _____, County of _____

The foregoing instrument was acknowledged before me by means of

physical presence or online notarization, this _____ (date) by _____ (name of person acknowledging) , who is personally known to me or who has produced _____ (type of identification) as identification.

Signature of Notary Public

(Print, Type, or Stamp Name of Notary Public)