

**FALL  
LEADERSHIP  
CONFERENCE**



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

**Student Information:**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Chapter Name: \_\_\_\_\_

Adviser In Attendance Name: \_\_\_\_\_

**Parent/Guardian Information:**

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

**Emergency Contact Information:**

Emergency Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Full Address: \_\_\_\_\_

**Medical Information:**

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Primary Physician Name & Number: \_\_\_\_\_

Insurance Company & Policy Number: \_\_\_\_\_

# FALL LEADERSHIP CONFERENCE



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

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Medical Release and Authorization:** I, the undersigned, as the parent/guardian of \_\_\_\_\_ (student name), do hereby authorize the staff of Florida FCCLA, including its State Staff, State Executive Council, and Board of Directors, to seek and provide appropriate medical treatment for my child in the event of an emergency. I understand that every effort will be made to contact me or the emergency contact listed above before any action is taken. However, if I 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 child's participation in the Florida FCCLA Fall Leadership Conference, including any medical treatment provided in the event of an emergency.

**On-Site Activities and Water Activities Waiver:** I understand that my child 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 my child's participation in all on-site activities conducted during the Florida FCCLA Fall Leadership Conference.

**Waterfront Activities Consent:** (Select one -If none is selected, it is assumed that the child may participate in waterfront activities)

- I give my consent for my child to participate in waterfront activities.
- I do not give my consent for my child to participate in waterfront activities.

I understand that Florida FCCLA is not responsible for monitoring my child's participation in activities. It is the responsibility of the Adult Adviser for my child's respective chapter to oversee their participation in all activities.

I further agree to release, indemnify, and hold harmless the 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 child's participation in these activities, including any injury or damage that may occur.

**FALL  
LEADERSHIP  
CONFERENCE**



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

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**Signature of Parent/Guardian:** \_\_\_\_\_ **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)