



# FALL LEADERSHIP CONFERENCE

FCCLA FLORIDA October 19-21, 2025  
Melrose, FL

## 2025 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.



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**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)