



**FALL
LEADERSHIP
CONFERENCE**

FCCLA FLORIDA October 19-21, 2025
Melrose, FL

2025 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: _____



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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.



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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)