

Florida FFA Association, Inc.

COVID-19 Liability Waiver

Name: _____ Chapter: _____

Role: () FFA Member () FFA Advisor () Chaperone

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person, the government has set recommendations, guidelines, and some prohibitions which Florida FFA Association, Inc. (the "Organization") adheres to comply with.

In consideration of my participation in the foregoing FFA event or activity, the undersigned participant acknowledges and agrees to the following:

I am aware of the existence of the risk of my participation to the activities of the Organization that may cause injury or illness such as, but not limited to Influenza, MRSA, COVID-19, or other injuries or diseases that may lead to sickness or death. **Initials** _____

- Are you currently experiencing symptoms such as fever, fatigue, shortness of breath, dry cough, loss of smell/taste, nausea, vomiting, sore throat, unusual headache or diarrhea, or exhibiting any other symptoms relating to COVID-19 or any communicable disease? **Yes or No**
- Are you awaiting test results regarding COVID-19? **Yes or No**
- On the day of the event, will you be under a COVID-19 related quarantine as directed by a healthcare professional or your school administration? **Yes or No**

Note: Participants that answer "yes" to any of the bullets above are not permitted to participate in the event or activity until cleared in accordance with CDC guidelines.

Following the pronouncements above I hereby declare the following:

- I am fully and personally responsible for my own safety and actions while and during my participation at Florida FFA and I recognize that I may be, in any case, at risk of contracting COVID-19. With full knowledge of the risks involved, I hereby release, waive, discharge the Organization, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me, a family member, or guardian, related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19. **Initials** _____
- I agree to indemnify, defend, and hold harmless the Organization from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19. **Initials** _____

As a participant, by signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I have been sufficiently informed of the risks involved and that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

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As a parent or guardian, by signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give consent regarding my son/daughter; that I have been sufficiently informed of the risks involved for my child/family and give my voluntary consent in signing it as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

This waiver will remain effective until laws, mandates, regulations and/or ordinances, relevant to COVID-19 are lifted. I certify, either as a parent/guardian or participant that all of these answers are true and correct to be best of my knowledge, and that if my health status changes at any time during my FFA related travels, I will immediately notify state staff and follow the guidelines of a health professional to protect myself and others to the best of my ability.

Student & Guardian Consent (required):

Signature of Student/Participant

Signature of Parent/Legal Guardian of Student

Date

Date

School Personnel Consent (optional see note below):

Note: If school district policy prevents school personnel from signing this form, school district permission forms signed by administrator must be presented at time of event check-in as verification of school/district travel approval.

As the **agriculture teacher**, I certify that I have reviewed the information contained in this form and the details of the related event with the student(s), their guardians, and my school administration; and have obtained the proper permissions from school/district personnel for participation in this event or activity.

Signature of Agriculture Teacher

Date

As the **school administrator**, I certify that I have reviewed the information contained in this form and the details of the related event with the teacher/chaperone; have obtained the proper permissions from the school district; and give approval for student & teacher participation in this event or activity; under the sole jurisdiction and responsibility of the school/district.

Signature of School Administrator

Title

Date