



INDIANA STATE
FAIRGROUNDS
& EVENT CENTER

2017 Indiana State Fair

WAIVER OF LIABILITY

WAIVER OF LIABILITY: I hereby agree that the Indiana State Fair Board and Indiana State Fair Commission assumes no liability for any loss of property or claim of personal injury, including death, as a result of my participation on the Indiana State Fairgrounds, on my date(s) of participation during the 2017 Indiana State Fair, August 4-20, 2017. I herein release, discharge and agree to indemnify, defend and hold harmless the State of Indiana, the Indiana State Fair Board and the Indiana State Fair Commission and their component members, officers, employees and/or successors from all claims and suits, including court costs, attorneys' fees and other expenses, that are related to any injury to property and/or persons, including death, which may occur within or upon the Indiana State Fairgrounds.

Name of Group, Organization and/or Function: FFA Pavilion

FFA Chapter Name: _____

Participant Name (Clearly Printed):

Participant Signature:

Date: _____

Parent Name & Signature if under 18 Years of Age

Printed Name

Signature

Volunteer and/or Participant:

- Band Day
- Baton Twirling
- Car Show
- Cheerleading
- Family Fun Park – Easy Ride'em Ponies, Go-Karts
- Free Stage
- Other (Provide details above)

- Grandstand – Harness Racing, Rodeo, Monster Truck, Demo Derby, Illumination Tractor Parade
- Grounds Entertainment – Street Performer
- Dance Stage
- Gates & Parking
- Nightly Parade
- Pathway to Water Quality
- Pioneer Village
- Youth Talent Contest

FFA Pavilion Setup and Experience Days at the Indiana State Fair
PARENT CONSENT, MEDICAL RELEASE FORM AND AGREEMENT TO ACCEPT
FINANCIAL RESPONSIBILITY

I grant permission for my son/daughter (name) _____ to participate in the State FFA Activity listed above. In doing so, I release the school corporation, school personnel, Indiana FFA Association, host facility and staff, state FFA staff and contest officials and the FFA of all responsibility in the event of an injury or accident. It is agreed that the student will conduct himself/herself in a manner representative of the school, community and the FFA. Any illegal substance or unlawful behavior will be turned over to the proper local authorities.

The undersigned, being parent/guardian of (name) _____ and having legal custody and who resides with me, does give consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the United States of America, and to consent to any X-ray, examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care to be rendered to the minor by any dentist licensed to practice in the United States of America.

I/We further agree that I/we will assume all expenses involved in such medical/dental procedures and will not hold the school corporation, school personnel or the FFA liable for said expenses.

I/We further agree that any photos or video taken of my child can be used by the Indiana FFA for official purposes in publications such as but not limited to the FFA website, conference brochures and information given to FFA sponsors.

Student _____ Date _____

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Address _____ City/State/Zip _____

Emergency contact number: _____ Home or cell # _____

Please list any medical/dental conditions of which a medical doctor/dentist should be made aware:

Please list any allergies of which a medical doctor/dentist should be made aware:

Please list any medication(s) – prescription or other which are currently being taken:

Family Physician _____

Address _____ Phone _____

All students must provide the attached permission form **signed by a parent prior** to volunteering at the FFA Pavilion at the Indiana State Fair.