



LIABILITY RELEASE FORM

Student: _____

School Year: _____

Officer Advisor: _____

Your son or daughter is a Lincoln County FFA Officer. With these offices comes the opportunity for travel to many FFA functions. This release form, if signed, would remain in effect for the entire school year listed above.

We understand that the school rules concerning conduct will be in effect and agree to support the school in its effort to make trips safe and enjoyable for all participants. It will be the responsibility of the parent to furnish transportation from the school to the home.

Signed: (parent or guardian) _____

Date: _____

We, _____ (parent or guardian), give permission for any emergency medical treatment that is necessary while on FFA trips for the school year listed above and we will be responsible for any expenses incurred on these trips and/or any future medical treatment that could arise as a result of an injury on a trip.

Signed: (parent or guardian) _____

Date: _____

NOTARY STAMP

NOTARY: _____

MY COMMISSION EXPIRES: _____