2020 SUMMER LEADERSHIP MEETING: LIABILITY RELEASE, MEDICAL CARE AUTHORIZATION FORM

LIABILITY RELEASE

I HEREBY HOLD HARMLESS AND WAIVE AND RELEASE ANY LIABILITY CLAIMS OR CAUSES OF ACTION against National FCCLA, its directors, officers, employees, FCCLA chapter advisers, FCCLA state association and staff, and fellow New York State members in attendance, which my teenager or I may now or hereafter have arising in connection with my child's travel, attendance, and participation, including, without limitation, claims for personal injury, bodily harm, illness, and disease (including without limitation, risk of death), and pertaining to causes including the current, potentially lethal COVID-19 virus for which there is as yet no known or available cure or treatment.

Authorization for Medical Care

I authorize FCCLA staff to secure the services of a physician or hospital in the event of my teenager's accident or illness, and willingly incur and will provide payment for the costs. I understand that, when necessary, in the event of an emergent illness or injury, my child will be transported to a local medical facility at the choice of the emergency medical professionals who respond.

Agreed to by:

Member PRINTED NAME	Member SIGNATURE & DATE
Parent/Guardian PRINTED NAME	Parent/Guardian SIGNATURE & DATE
Parent/Guardian Mobile Phone Number	
Insurance Company Name	Insurance Policy Number