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*Indiana FCCLA Multiple Release Form*

*School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Adviser \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Please have student attendees and their parents/guardians read and complete this multiple-part form. Enclose a copy of the form with original signatures for each student with your registration form(s) and fees. Retain a copy for your records.*

**MEDICAL RELEASE/AGREEMENT TO ACCEPT FINANCIAL RESPONSIBILITY**

The undersigned, being the parent or guardian of and having legal custody and who resides with me/us do give consent to any X-ray, examination, anesthetic, dental, 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 dentist, physician or surgeon licensed to practice in the State of Indiana or in a state on the itinerary of an activity sponsored by FCCLA I/we further agree that I/we will assume all expenses involved in such medical/ dental procedures and will not hold the Indiana Family, Career & Community Leaders of America or its representatives liable for said expenses.

List any medical/dental conditions that a medical doctor/dentist should be aware of:

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List any allergies that a medical doctor/dentist should be made aware of:

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Family Physician and Contact Information:

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**LIABILITY**

The undersigned being the parent or guardian of student named above hereby agrees to release the Indiana FCCLA Association, its representatives, agents, servants, and employees from liability for injury to the said minor resulting from any cause whatsoever occurring to the said minor at any time while attending a conference or meeting of the Indiana FCCLA Association, including travel to and from said meeting, COVID-19 risks, excepting only such injury or damage resulting from the willful acts of such representatives, agents, servants, and employees.

\***Parent=s/Guardian=s Signature** Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CODE OF CONDUCT, COVID-19 GUIDELINES, AND DRESS CODE**

Students are to conduct themselves in accord with exemplary standards of ethics and behavior, including zero tolerance for any actions that violate any civil or criminal codes. Students found to be in violation of any laws, regulations or policies established for the FCCLA event they are attending will be subject to disciplinary action and prosecution. The code of conduct also includes following COVID-19 Safety Protocols as outlined in the FCCLA plan. Their parents or guardians and school officials will be notified and must remove the student from the event.

Dress is to reflect the FCCLA image and follow guidelines for specific events. All students should follow the FCCLA Dress Code for all state events. Understanding completely the policies, practices, and procedures that will serve to govern the conduct and attire of persons attending an FCCLA event, I do hereby agree to follow said policies, procedures, and practices and abide by any consequences of any violations.

**\*Signature of FCCLA Member**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Signature of Parent/Guardian**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PUBLICITY - STANDARD RELEASE FORM**:I release to the unlimited right to reproduce, copy, publish, or otherwise use in any reasonable way for any informational or educational purpose the following: Image (photo or video); Voice, Quote or written material.

**\*Signature of FCCLA Member**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Signature of Parent/Guardian**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_