

**Attendee Release Form****Form 1**

CHAPTER ADVISERS: This form is your responsibility to obtain for all advisers, members, and chaperones. You also need to have these forms with you for each member attending including yourself.

To give permission for your child to attend this conference and relevant activities complete the information below and return to the teacher/advisor named below along with any payment. If not returned, your child will not be permitted to attend. This form must be signed by the legal guardian and the student. **Both parents/guardians should sign if feasible.**

NAME OF SCHOOL		SCHOOL CONTACT		TELEPHONE NUMBER	
NAME OF ATTENDEE (First, M.I., Last Name)				GRADE	
ADVISOR NAME		ADVISOR CELL #		STUDENT INFORMATION (allergies, medications, restrictions, etc.)	
DESTINATION: JUMP, Boise, ID					
NAME OF LEGAL GUARDIAN (if a minor) (First, M.I., Last Name)				CELL #	
OTHER TELEPHONE #		EMERGENCY CONTACT NAME (First, M.I., Last Name)		EMERGENCY TELEPHONE #	
PHYSICIAN NAME		TELEPHONE #		INSURANCE POLICY NAME AND NUMBER:	

I give the above attendee permission to attend **2026 Idaho FCCLA State Leadership Conference**. I agree and my student agrees to abide by all rules and safety precautions. I am aware that during these events certain risks are inherent. I understand that these events may involve certain conditions, hazards and potential dangers including those associated with traveling or those associated with the facilities or property where the events will occur or whether the dangers are open and obvious or concealed. Any questions which have occurred to me have been answered to my satisfaction. I am participating in these activities of my own free choice. I understand that my child may be photographed and/or videotaped and allow use of said photo/video for event promotions or review. I understand that my child may be surveyed for feedback and evaluation purposes.

My signature acknowledges that I have been informed of the reasonably expected hazards associated with these events in which my student will be participating. I do hereby release and agree to hold harmless_____, and Idaho FCCLA from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred while my student is participating in the field trip. In the event of an emergency, reasonable attempts will be made to contact the legal guardian. This would not prevent the emergency health care provider from acting in the best interests of the student. **I authorize emergency medical treatment for my student in the event of accident or illness during this trip.**

☐ **Check here if the student wears a medical alert**

Signature of Student

Date

Signature of Legal Guardian

Date

Signature of Adviser

Date

Signature of Legal Guardian

Date

***** **NO STUDENT** WILL BE ALLOWED TO TRAVEL WITH AN FCCLA GROUP **WITHOUT** THE ABOVE INFORMATION *****