

Clarendon College Health & Activity Release
Area 1 FFA Leadership Camp

FFA Chapter Name _____

I hereby release Clarendon College and Area I Agricultural Science Teachers from responsibility for injury or damages due to participation in Area 1 activities held on campus June 20-22, 2017.

I give my permission for Clarendon College officials or Area 1 Agricultural Science Teachers to take (participant's first and last name) _____ to the nearest medical facility in case of emergency.

We do ___ or do not ___ have medical insurance. (Please check which applies). Our medical insurance is with:

(company name) _____.

Our policy number is: _____.

Someone can be reached at the following telephone number in case of an emergency.

Daytime: _____ - _____ - _____.

(Name) _____.

Evening: _____ - _____ - _____.

(Name) _____.

(Date)

Parent of Guardian Signature

*** Each student must bring this form signed & filled out in order to attend the Area 1 FFA Leadership Conference at Clarendon College.