

GENERAL RELEASE OF CLAIM

WYOMING STATE FFA OFFICER CANDIDATE

IN CONSIDERATION of _____ being able to participate in applying for, interviewing for ("Selection Process") and possibly being elected to serve as a Wyoming State Future Farmers of America ("FFA") Officer, the undersigned hereby irrevocably and forever releases and discharges the Wyoming FFA Association, its advisor(s), chapters, officers, employees, agents, volunteers, successors and assigns ("Association") of and from any and all legal claims or legal liability of any kind, nature and description, foreseen or unforeseen, involving or relating to any personal or bodily injury or death suffered or sustained by me, or my property, whether such loss, damage or injury results from negligence or some other cause, while participating in the Selection Process and/or serving as a Wyoming State FFA Officer ("State Officer").

I acknowledge that the Selection Process is a voluntary act on my part. I further acknowledge that the Selection Process is subjective and determined by the opinion and subjective decision of the nominating committee in selecting the state of State Officers. I fully and forever release the State Officer Nominating Committee, its advisor(s), members, volunteers, assistants and the Association from any liability for personal injury I might incur as a result of participating in the Selection Process.

I hereby acknowledge that my participation and service as a State Officer is my free and voluntary act, undertaken with a full understanding and appreciation that driving to and from FFA activities and otherwise participating and serving as a State Officer can be hazardous and there are associated risks of serious bodily injury, death and property damage which may result not only from my own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or of this type of event or activity.

Knowing and understanding the risks involved with serving as a State Officer, I hereby voluntarily and willingly assume full and complete responsibility for all losses and damages, including injury, illness and death, resulting from my participation in the activity, including transportation to and from the activity. I agree I am financially responsible for any losses and damages resulting from my service as a State Officer.

I certify that I am in good health and have no medical condition preventing my safe participation in this activity. I agree to use my personal medical insurance and consent to emergency medical treatment in the event such care is required.

In the event I am unable to drive as needed, I am able to and shall provide the resources to accomplish any necessary travel. In such case, I shall require any assistant or driver for me to enter into a similar Release of Claims to aid me in my endeavors as a State Officer.

I, my heirs and estate do release Association, and any agent thereof, of any and all legal liability which may accrue due to my choice to seek this release and drive myself in my own vehicle. I also understand that the Association insurance program will not cover any loss damage or claims incurred as a result of my driving as a State Officer.

I understand and agree that I am wholly responsible for any other person riding with me while I am driving in relation to any FFA function. Further, I release Association from any and all responsibility and liability for any passengers, which I invite or accept to ride with me.

I certify that the vehicle, which I use as a State Officer, is mine or has been legally provided to me, that I have a valid driver's license and that the vehicle I am driving is insured so as to meet the minimum auto insurance requirements of the State of Wyoming, or the state in which the vehicle is registered.

I hereby agree to save and hold harmless Association from any claim by me or my family, estate, heirs or assigns, whether such loss, damage or injury results from the negligence of Association or from some other cause.

I have read this waiver and release agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against Association is knowingly given up in return for allowing my service as a State Officer. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

The interpretation and performance of this Agreement shall be governed by the laws of the State of Wyoming, without regard to its rules on conflict of laws.

APPLICANT

Printed Name _____
[If under 18 years of age or legally disabled a legal guardian must also sign.]

Legal Guardian

Printed Name _____

Witness
Date: _____