NEW JERSEY FFA ASSOCIATION

New Jersey Department of Agriculture
Office of Food, Agriculture &
Natural Resources Education
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In cooperation with the New Jersey Department of Education

2022 SAFE TRACTOR OPERATORS EVENT

WAIVER, RELEASE OF LIABILITY, CONSENT TO MEDICAL ATTENTION, AUTHORIZATIONS AND CERTIFICATIONS

Chapter Name	
Participant's Name	

In exchange for my being allowed to participate in the New Jersey FFA Career Development Event program, a program administered by the New Jersey FFA Association (NJFFA), I, and if I am not 21 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular) agree to be bound by the following:

1. Voluntary Participation: I understand and confirm that my participation in the Program is voluntary.
2. Identification of Risks. I understand that NJFFA and its representatives may not be present during my participation in the Program. I understand that my participation in the Program may involve risk of injury and loss, both to person and to property. I also understand that the risk of injury may include the possibility of permanent disability and death.
3. Assumption of Risk. I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my participation in the Program. I accept personal responsibility for any liability, injury, loss or damage in any way connected with my participation in the Program.
4. Release and Waiver. I release NJFFA and its directors, officers, employees, agents, volunteers, successors, and assigns from any and all liability for and waive any and all claims for injury, loss, or damage, including attorneys' fees, in any way connected with my participation in the Program (a "Claim"), whether or not caused in the whole or part by the negligence (but not the gross negligence) of NJFFA or any of the individuals mentioned above.
5. Consent to Medical Treatment. I authorize NJFFA to provide to me, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services. This consent does not impose a duty upon NJFFA to provide such assistance, transportation, or services.
6. Publication. I authorize NJFFA to use my name, photo, materials produced for the program, or presentation in program for NJFFA materials, including but not limited to, press releases, web-based publicity, & other publicity materials.
7. Severability. Each term and provision of the instrument shall be valid and enforced separately to the fullest extent permitted by law.
8. Applicable Law. This instrument shall be governed, construed, and enforced in accordance with the law of the State of New Jersey.

THIS IS A WAIVER AND RELEASE OF LIABILITY. I HAVE READ THIS WAIVER, RELEASE OF LIABILITY AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER, RELEASE OF LIABILITY AND CONSENT VOLUNTARILY.

Participant's certification of eligibility and original effort, and authorization to use materials:

1. I hereby certify that I meet all eligibility requirements for participation in the above cited Career Development Event for the current year, as set forth in the "National FFA CDE Handbook" and Office of Food, Agriculture & Natural Resources Education/NJ FFA website.
2. I hereby authorize the New Jersey FFA to use any and all of the materials developed for participation in this State CDE. These materials may be used as a part of the educational resources published for Agricultural Educators' use for any other related purposes of the New Jersey FFA Association.
3. I hereby swear that I am properly trained in operating large tractors and have experienced driving an 85 horsepower tractor prior to the state event. I understand the importance of tractor safety, am responsible for my actions and safety and for the safety of others.

PARTICIPANT

Date _____ **Signature of Student Participant** _____

Advisor's certification of above named individual's eligibility and ability to safely operate equipment as outlined in this waiver:

As chapter advisor, I do hereby swear that the above-named individual has been properly trained in the operation of large tractors and has experienced driving an 85 horsepower tractor prior to the state event through classroom instruction. I believe this student has the skill and knowledge of operating a large tractor safely and recommend them as a participant in this event.

CHAPTER ADVISOR

Date _____ **Signature of Chapter Advisor** _____

If the person participating in the program is not yet 21 years old, parent(s) or the legal guardian(s) must sign:

In exchange for my/our child or ward being allowed to participate in the Program, and as the parent(s) or legal guardian(s) of the above-named individual, I/we verify that I/we fully understand, agree to, and accept all provisions of this Waiver, Release, of Liability and Consent.

PARENT/GUARDIAN

Date _____ **Signature of Parent/Guardian** _____

Insurance Company: _____ **Policy Number:** _____

Email form to ag.ed.registration@ag.nj.gov no later than July 18.

"The New Jersey FFA Association is a resource and support organization that does not select, control or supervise local chapter or individual member activities except as expressly provided for in the state FFA constitution, bylaws or policies."