

AGRICULTURAL MECHANICS CAREER DEVELOPMENT EVENT

Waiver, Release of Liability, Consent to Medical Attention, Authorizations, and Certifications

In exchange for my being allowed to participate in the Agricultural Mechanics Career Development Event program, a program administered by the Illinois Association of Vocational Agriculture Teachers ("IAVAT"), 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 IAVAT 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 understand that dangerous conditions can and do exist at the Program. I understand and affirm that I am aware of the damage, injury or death that I and any other participant may encounter. 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 IAVAT and its directors, officers, employees, agents, volunteers, successors, and assigns from any and all claims all liability for and waive any 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 IAVAT or any of the individuals mentioned above.
5. Consent to Medical Treatment. I authorize IAVAT 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 IAVAT to provide such assistance, transportation, or services.
6. Publication. I authorize IAVAT to use my name, photo, materials produced for the program, or presentation in program for IAVAT materials, including but not limited to, educational resources, 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 Illinois.
9. Acceptance. I agree that I am freely and voluntarily signing this waiver and I agree to have no other person with me during the Program who has not signed this release of liability.

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 "2009-10 Illinois CDE Handbook."

Participant: _____
Printed Name Signature Date

If the person participating in the program is not yet 21 years old, both parents 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.

Guardian: _____
Printed Name Signature Date

Guardian: _____
Printed Name Signature Date

Insurance Company: _____ Policy Number: _____

Witness: _____
Printed Name Signature Date

Administrator: _____
Printed Name Signature Date

Daytime Emergency Contact Information: Primary Telephone # _____
Secondary Telephone # _____