

**Georgia FCCLA Multiple Release Form**

School \_\_\_\_\_ Adviser \_\_\_\_\_

Please have student attendees and their parents/guardians read and complete this multiple-part form. Information about dress code and code of conduct is included on the Georgia FCCLA website events page: [www.gafcccla.com](http://www.gafcccla.com). Retain a copy for your records.

**ADVISERS, MEMBERS AND PARENTS: THERE ARE 17 LINES TO BE COMPLETED, PLEASE MAKE SURE TO SIGN ALL PORTIONS OF THE RELEASE FORM.**

**MEDICAL RELEASE/AGREEMENT TO ACCEPT FINANCIAL RESPONSIBILITY:** The undersigned, being the parent or guardian of \_\_\_\_\_ and having legal custody and who resides with me/us do give consent to any X-ray, examination, anesthetic, dental, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any dentist, physician or surgeon licensed to practice in the State of Georgia or in a state on the itinerary of an activity sponsored by FCCLA I/we further agree that I/we will assume all expenses involved in such medical/ dental procedures and will not hold Georgia FCCLA or its representatives liable for said expenses.

List any medical/dental conditions that a medical doctor/dentist should be made aware of:  
1 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any allergies that a medical doctor/dentist should be made aware of:  
2 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Physician: Name 3 \_\_\_\_\_  
Address 4 \_\_\_\_\_ Phone 5 \_\_\_\_\_

Parent's/Guardian's Signature 6 \_\_\_\_\_ Dated 7 \_\_\_\_\_

Emergency Contact Name 8 \_\_\_\_\_ Phone 9 \_\_\_\_\_

**LIABILITY:** The undersigned being the parent or guardian of student named above hereby agrees to release the Georgia Department of Education, Georgia FCCLA, its representatives, agents, servants, and employees from liability for injury to the said minor resulting from any cause whatsoever occurring to the said minor at any time while attending a conference or meeting of Georgia FCCLA, including travel to and from said meeting, excepting only such injury or damage resulting from the willful acts of such representatives, agents, servants, and employees.

Parent's/Guardian's Signature 10 \_\_\_\_\_ Dated 11 \_\_\_\_\_

**CODE OF CONDUCT AND DRESS CODE:** Students are to conduct themselves in accord with exemplary standards of ethics and behavior, including zero tolerance for any actions that violate any civil or criminal codes. Students found to be in violation of any laws, regulations or policies established for the FCCLA event they are attending will be subject to disciplinary action and prosecution. Their parents or guardians and school officials will be notified and must remove the student from the event. Dress is to reflect the FCCLA image and to follow guidelines for specific events. The FCCLA Code of Conduct and Dress Code is available online at [www.gafcccla.com](http://www.gafcccla.com). Reading and understanding completely the policies, practices, and procedures that will serve to govern the conduct and attire of persons attending an FCCLA event, I do hereby agree to follow said policies, procedures, and practices and abide by any consequences of any violations.

12 \_\_\_\_\_ 13 \_\_\_\_\_  
Signature of FCCLA Member Date Signature of Parent/Guardian Date

**MEDIA RELEASE:** I release to the Georgia Department of Education and Georgia FCCLA the unlimited right to reproduce, copy, publish, or otherwise use in any reasonable way for any informational or educational purpose the following: Image (photo or video), Voice, Quote or written material.

14 \_\_\_\_\_ 15 \_\_\_\_\_  
Signature of FCCLA Member Date Signature of Parent/Guardian Date

**SOCIAL MEDIA:** Georgia FCCLA respects the rights of its members to use social media. Members that use social media must remember that any information posted while attending a Georgia FCCLA event is reflective of the entire FCCLA community and, as such, is subject to the same behavioral standards set forth on the website. I will represent Georgia FCCLA in the best manner possible.

16 \_\_\_\_\_ 17 \_\_\_\_\_  
Signature of FCCLA Member Date Signature of Parent/Guardian Date