**Release from Supervision of Minors**

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter SCHOOL), would like

to bring its \_\_\_\_\_\_\_\_**FFA Members**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter GROUP) to

the \_\_\_\_\_**SC FFA State Convention**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ event to take place on the

Greenville Convention Center from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter EVENT). During this EVENT, SC FFA Convention will provide the following sessions/programs:

 **A business session, four general sessions, CDE’s, Expo and workshops.**

I understand and agree that the SC FFA Convention will provide supervision for the individual participants in the GROUP. I understand and agree that SCHOOL is responsible for:

1. Making all transportation arrangements for the GROUP to and from the Greenville Convention Center,
2. Making all overnight accommodation arrangements and
3. Supervising the individual members of the GROUP at all times while they are participating in the above described EVENT.

SCHOOL agree to indemnify and hold harmless Greenville Convention Center, SC FFA Convention, and its Board of Trustees, officers, employees and volunteers from any loss, liability, damage or costs, including court costs and attorney’s fees that may occur as a result of any failure to supervise the individual members of the GROUP while participating in this EVENT.

By signing below, I verify that I am an authorized representative of SCHOOL and have authority to sign this document on behalf of SCHOOL.

Print Name Here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Title Here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date