

RULES OF CONDUCT

To be completed by member and parent/guardian. I understand that when I accept the opportunity to participate in any and all FFA activities I also accept the code of conduct and rules of behavior as stated below:

1. Dress appropriately and neatly for the occasion.
2. Participating fully in the program as planned, being on time, attending scheduled sessions and events, observing curfew, discussing unusual needs with the person in charge, etc.
3. Behaving in a manner appropriate for the occasion. Refraining from abusive and profane language, avoiding boisterous conduct, and showing respect for others' rights and property.
4. Abstaining from possession or use of alcohol, tobacco, or illegal drugs. All incidents involving alcohol, tobacco, or controlled substances will be prosecuted by the local authorities and/or University Police.
5. Becoming familiar with the purpose and program of the specific activity so I may gain the maximum from the experience.
6. Understanding I will not be allowed to leave for an outside event or activity and then return to the FFA activity unless riding with my parents, advisor, or school official due to liability issues.

-CONDUCT CODE-

FFA members found to be in violation of any of the following infractions at a state or national FFA activity, will forfeit their right to participate in any additional FFA activities at the district, state or national level for a period of (6) months.

- a) Use of alcohol or other chemical substance.
- b) Use of any tobacco product.
- c) Behavior resulting or potentially resulting in personal injury to others, property damage, or criminal prosecution.

The State FFA Executive Secretary or State FFA Advisor has the sole authority to impose the suspension. Members may appeal suspensions to the FFA Executive Committee, at the next regularly scheduled meeting, but will remain suspended while under appeal.

I understand that conduct or behavior not keeping with the standards expected of me may result in action that will cause me to lose rights and privileges at the event, be sent home at my own expense prior to the conclusion of the activity, and/or forfeit the right to future participation in FFA activities and events.

FFA Member Name: _____

FFA Member Signature: _____ Date: _____

Parent or Guardian Name: _____

Parent or Guardian Signature: _____ Date: _____

Phone number in case of emergency: _____

Chapter: _____

Photo Consent Form

I hereby irrevocably consent to and authorize the use, publication and reproduction in any and all media at any time by the South Dakota FFA Association or anyone it authorized, of any and all photographs/video taken of me with or without names, as the case may be, for any editorial purpose, promotion, advertising, trade, or other purpose whatever.

I understand that the photographs or videos may be used initially in any or all publications in the promotion of the South Dakota FFA Association. I realize that this coverage may place my picture with or without further explanation, alone or accompanied by other pictures, in a story, on a web site, or on a cover of any or all publicity of the South Dakota FFA Association. This also may include the use of interactive platforms which may include, but are not limited to: Zoom, Microsoft Teams, Google Meet, etc. I understand that the video, audio, and chat from all participants is shared and may be captured. In some cases, having a camera on will be required to participate in certain events. I hereby release the South Dakota FFA Association, its staff and employees, or anyone it authorizes, from any and all claims whatsoever relating to or arising from the uses consented above.

Further, I so hereby relinquish to the SD FFA all rights, title, interest in, and income from the finished sound or silent motion pictures, still pictures, and/or sound recordings, negatives, prints, reproductions and copies of the originals, negatives, recording duplicates and prints, and further grant the SD FFA the right to give, sell, transfer and/or exhibit the same to any individual, business firm, publication, television station, radio station or network, or governmental agency, or to any of their assignees, without payment or other consideration to me. My agreement to perform under camera, lighting and stated conditions is voluntary and I do hereby waive all personal claims, causes of action, or damages against the SD FFA office and the employees thereof, arising from a performance or appearance.

I understand this authorization is for an entire year of membership, ending September 30.

FFA Member Name: _____

FFA Member Signature: _____ Date: _____

Parent or Guardian Name: _____

Parent or Guardian Signature: _____ Date: _____

As _____ chapter advisor I _____ (signature) authorize the above information to be true.