

Release and Waiver of Liability

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____, 2026/2027, (by the "Participant") in favor of The Kansas Farm Bureau, a corporation organized and existing under the laws of the State of Kansas, its directors, officers, employees, volunteers, and agents (collectively, "KFB").

I, the Participant, desire to travel with KFB to _____ and participate in the activities related to travel, meetings, tours, and agricultural experiences. I understand that the activities may include, but are not limited to, transportation via plane, car, train, or bus; walking long distances on uneven surfaces; and sitting for extended periods of time.

I hereby voluntarily execute the Release under the following terms:

1. Waiver and Release. I, the Participant, release and forever discharge and hold harmless KFB from any claim or liability that I may have against KFB with respect to any personal injury, illness, including COVID-19 and any variants, death, or property damage that may result from my participation in this travel experience. I also understand that KFB does not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage.
2. Medical Treatment. I hereby release and forever discharge KFB from any claim whatsoever that arises or may hereafter arise from any first-aid treatment or other medical services rendered in connection with an emergency during my time with KFB during this travel experience.
3. Assumption of Risk. I understand that my participation with KFB may include activities that may be physically strenuous. I recognize and understand that my participation in this KFB travel experience may, in some situations, involve inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in these activities and release KFB from all liability for injury, illness, death, or property damage resulting from the activities during this KFB travel experience. I understand that vendors, tour stops, transportation and other providers of services for said activities may have specific requirements related to COVID-19. I agree to abide by those requirements and understand that consequences, including removal from the trip are at my own risk and expense.
4. Photographic Release. I grant and convey unto KFB all rights, title, and interest in any and all photographic images and video or audio recordings made by KFB during my travel experience with KFB.

[Signature along with medical and insurance information on next page.]

To express my understanding of this Release, I sign here with a witness.

Participant name: _____

Participant's signature _____ Date: _____

Parent/Guardian signature: _____ Date: _____
(required if Participant is under 18 years of age)

Witness name: _____

Witness signature: _____ Date: _____

Medical information:

Emergency contact name: _____ Relationship: _____

Primary phone number: _____ Secondary phone number: _____

Primary care physician name: _____ Phone number: _____

Insurance information:

Company name: _____ Company phone number: _____

Policy holder: _____ Policy holder's birthdate: _____

Group number (if applicable): _____ ID/Policy number: _____