



AIFD® 2026 Bringing FFA to AIFD® Education Program

The *Bringing FFA to AIFD®* education program was established by AIFD® in 2018 with the goal to engage, enlighten and educate the youth involved in the Future Farmers of America Floriculture programs, to provide exposure to career opportunities within the Floriculture industry and to provide hands-on educational experiences through its annual National Symposium.

Due to increasing interest and participation AIFD is pleased to share it will continue to accept participation in the Bringing FFA to AIFD program to include not only Student groups but also individual FFA instructors.

AIFD® will welcome a combined total of 100 FFA students and instructors who have successfully completed the application process and meet the outlined criteria.

Each participating student and advisor will receive a special discount code to register for the Symposium. Cost per person to participate is **\$579.00**. (*discounted from \$1,099.00*)

Registration includes:

- Two and a half days of specialized workshops and programming for FFA Students.
- Two days of specialized workshops and programming for FFA Instructors.
- Access to all main stage programming, Industry Showcase, and additional lecture sessions.
- Unique behind the scenes volunteer opportunity.
- Private FFA Meet and Mingle reception for all FFA participants.
- Opportunity to purchase additional hands-on workshops.

By submitting the application, you are committing to the criteria outlined below:

- Complete and return application prior to **April 15, 2026**, to cravensle@missouri.edu.
- Instructors and Students must be members in good standing and participating in the Floriculture activities within their FFA program.
- Students must be a minimum of 16 years of age at the time of Symposium and may be up to seniors who graduated in the spring semester of the current year.
- Instructors and Students understand that they are responsible for the discounted registration cost, travel, lodging and meal expenses.
- All students must be accompanied by an instructor.
- While preference will be given to groups of between 3 to 6 students with accompanying instructors, all applications will be given equal consideration to ensure everyone can participate.
- Minimum availability to attend educational events between **July 1-5, 2026**.
- Complete and return Release & Waiver of Liability agreement upon application being accepted for each participating student.
- **FFA registrations must be completed prior to June 16, 2026.**

School Name: _____

School Address: _____
Street/P.O Box

City _____ State _____ Zip _____

Agriculture Educator's Name: _____

Agriculture Educator's phone: _____

Agriculture Educator's Email: _____

Student Information:

Student Name: _____

Date of Birth: _____ Current Grade _____

Future Education plans, goals, areas of study for college or technical programs:

Student Name: _____

Date of Birth: _____ Current Grade _____

Future Education plans, goals, area of study for college or technical programs:

Student Name: _____

Date of Birth: _____ Current Grade _____

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Date of Birth: _____ Current Grade _____

Future Education plans, goals, area of study for college or technical programs:

Student Name: _____

Date of Birth: _____ Current Grade _____

Future Education plans, goals, area of study for college or technical programs:

Do you/this team have previous experience working with AIFD® or an AIFD® member? If yes, please describe your experiences.

What experience does this team have working with/designing flowers?

How has participation with/in the floriculture industry positively impacted your agriculture education program?

What do you and the students hope to gain by attending the AIFD® National Symposium?

As an instructor, how will you use what you learn at the Symposium in your classroom to benefit future students?

Provide any additional information you think would be relevant for the selection committee to know about our team as it relates to the Floriculture industry?

AIFD® National Symposium

2026 AIFD® Symposium Release & Waiver of Liability

I understand that my participation as part of the *Bringing FFA to AIFD® Education Experience* at the National Symposium, held by the American Institute of Floral Designers® (hereinafter "AIFD®") is my own decision. I recognize that there are certain dangers inherent in volunteering in a flower work room and at the National Symposium. Therefore, on behalf of myself and anyone who may have legal right to make claim, I hereby release AIFD® from all liability and responsibility for any injury, death or damage to my person or personal property occurring as a result of my participation in the National Symposium as an Ambassador and/or volunteer (including transit to and back from the venue).

This release includes all officers, directors and agents of AIFD®. I agree not to sue AIFD®, its officers, directors and agents for all claims or damages arising out of participation in the National Symposium. I agree to indemnify and hold harmless AIFD®, its officers, directors and agents from all claims, damages, losses, injuries and expenses arising out of or resulting from participating in the National Symposium.

I agree that if AIFD® is forced to defend any action, lawsuit or litigation I bring or that is brought on my behalf, I will pay AIFD®'s costs and attorney's fees if it successfully defends such action, lawsuit or litigation. I will otherwise defend and indemnify AIFD® against any claims, losses or damages that it may incur as a result of my participation in the AIFD® National Symposium.

I have adequate health, disability and life insurance for my family and myself. I am in good physical condition and able to undertake this activity. I agree not to use any illegal drugs or excessive alcohol while volunteering and participating in the AIFD® National Symposium. I give permission for transportation to any medical facility or hospital, and I authorize any qualified person or medical personnel to render medical care to me.

I have read the above waiver and release and, by signing it, agree it is my intention to exempt and relieve all officers, directors and agents of AIFD® from liability for personal injury, property damage or wrongful death caused by negligence or any other cause.

Please list any allergies, medications or other information needed in an emergency:

Student Name

Date

Parent/Legal Guardian Signature

Date

FFA Advisor/Instructor Signature

Date

In case of emergency, please contact:

Name

Relationship

Mobile Number

Email

Please list any allergies, medications or other information needed in an emergency:

