

## Personal Liability and Medical Release Form

I hereby agree to release SkillsUSA--Arizona, SkillsUSA Inc., and the Arizona Department of Education and the State of Arizona its representatives, agents, servants and employees from liability for any injury to the named person, resulting from any cause whatsoever occurring to the named person at any time while attending one or more of the following:

- Washington Leadership Training Institute
- Chapter Management Training
- Regional Fall Leadership Conference
- Leadership Training Camp
- Regional Skills Championships
- SkillsUSA--Arizona Championships
- SkillsUSA Championships & NLSC
- Any other SkillsUSA--Arizona endorsed, sponsored or hosted activity, function, conference or meeting

I also waive liability for travel to and from the conference.

I do voluntarily authorize the SkillsUSA--Arizona office and the national SkillsUSA office assistants and/or designees to administer and/or obtain routine or emergency diagnostic procedures and/or routine or emergency medical treatment for the named person as deemed necessary in medical judgment. Parents/guardians of participant will allow emergency medical treatment to be administered as needed. Any further treatment will require parental/guardian consultation.

I agree to indemnify and hold harmless SkillsUSA--Arizona and SkillsUSA, Inc. and/or assistants and designees for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the named person arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

Having read and understood completely the "Code of Conduct" of SkillsUSA--Arizona and SkillsUSA Inc., I do hereby agree to follow the procedures and practices described. I fully understand that this is an educational activity and will, to the best of my ability, apply myself for the purpose of learning and will uphold at all times the finest qualities of a person representing SkillsUSA.

NOTE: All persons under legal age must have a parent or guardian sign this form (see other side). If you are age 18 or older, please indicate that on other side of this form. Otherwise, this form will be returned for a parent/guardian signature. All participants must sign this form.

### CODE OF CONDUCT

**PARTICIPANTS:** Be sure that you understand the "Code of Conduct." Any person violating these rules may be sent home at their own expense, may cause other participants from their school, region or state to be sent home, or may otherwise disqualify their school, region or state from participating in SkillsUSA.

**CONFERENCE ATTIRE:** Conference attendees are expected to wear appropriate clothes and/or uniforms for various events, conferences, activities and meetings. Refer to the Conference Attire policy: [HTUwww.azskillsusa.org/attire.htm](http://HTUwww.azskillsusa.org/attire.htm) UTH

### Code of Conduct Agreement, *cont.*

SkillsUSA's conferences are designed to be educational functions, and all plans are made with that objective.

SkillsUSA wants every person to have an enjoyable experience with every attention paid to safety and comfort. All participants will be expected to conduct themselves in a manner best representing the nation's greatest student organization.

In order that everyone may receive the maximum benefits from participation, the "Code of Conduct," as established by SkillsUSA-Arizona's board of directors, must be followed at all times.

Note that attendance is not mandatory. By voluntarily participating, you agree to follow the official conference rules and regulations or forfeit your personal rights to participate. SkillsUSA is proud of its students and knows that by signing this "Code of Conduct" you are simply reaffirming your dedication to be the best possible representative of your state.

1. I will, at all times, respect all public and private property, including the hotel/motel in which I am housed.
2. I will spend each night in the room of the hotel/motel to which I am assigned.
3. I will strictly abide by the curfew established and shall respect the rights of others by being as quiet as possible after curfew.
4. I will not remain in the sleeping room of the opposite sex unless the door is completely open at all times, unless the person is my spouse.
5. I will not use alcoholic beverages. I will not use drugs unless I have been ordered to take certain prescription medications by a licensed physician. If I am required to take medication, I will, at all times, have the orders of the physician on my person.
6. I will not leave the hotel/motel without the express permission of my advisor or state association director. Should I receive permission, I will leave a written notice of where I will be.
7. My conduct shall be exemplary at all times.
8. I will keep my advisor or state association director informed of my whereabouts at all times.
9. I will, when required, wear my official identification badge.
10. I will respect official SkillsUSA attire and not smoke while wearing it.
11. I will attend, and be on time for, all general sessions and activities that I am assigned to and registered for.
12. I will adhere to the dress code at all required times.

### VIOLATIONS AND PENALTIES

I agree that if, for any reason, I am in violation of any of the rules of the conference, I may be brought before the appropriate disciplinary committee for an analysis of the violation. I also agree to accept the penalty imposed on me. I understand that any penalty and reasons for it will be explained to me before it is carried out. I further realize that the severity of the penalty may increase with the severity of the violation, even to the extent of being immediately sent home at my own expense.

1. Violations of Items 1 through 6 of the "Code of Conduct" will be grounds for immediate removal from office and relinquishment of awards and recognition. In

addition, the violator will be sent home at his or her own expense. Notification of the violation and the action taken will be sent to the participant's state department of education and parents or guardians. The participants from the participant's state could be disqualified as well.

2. Violations of Items 7 through 12 will result in a warning and reprimand. Notification of the violation and the action taken will be sent to the participant's state department of education and parents or guardians. Repeated violations of Items 7 through 12 may result in the participant being sent home at his/her own expense.

It is within the spirit of being a proud and meaningful member of SkillsUSA that I agree to these rules of conduct by signing my name on the other side of this page.

### Photography and Sound Release

I hereby grant the SkillsUSA--Arizona and national SkillsUSA offices permission to make still or motion pictures and sound recordings, separately or in combination, and also give a production company approved by the SkillsUSA--Arizona office and/or SkillsUSA national office permission to use the finished silent or sound pictures, and/or sound recordings as deemed necessary.

Further, I do hereby relinquish to the SkillsUSA--Arizona and national SkillsUSA offices 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 SkillsUSA--Arizona and national SkillsUSA offices 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 SkillsUSA--Arizona and national SkillsUSA offices and the employees thereof, arising from a performance or appearance.



## Personal Liability and Medical Release Form

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Read the other side of this form (or attached page). If you completely understand and agree to the conditions, please fill out the form below and sign. Please type or print clearly.

**THIS FORM MUST BE FULLY COMPLETED AND PROPERLY SIGNED AND RETURNED TO THE STUDENT'S ADVISOR!**

STUDENT INFORMATION			
SCHOOL		ADVISOR	
PARTICIPANTS FULL NAME (first, middle, last)			
AGE		BIRTHDATE (month / day / year):	
HOME ADDRESS			
CITY		STATE: AZ	ZIP
HOME TELEPHONE NUMBER (include area code)		EMAIL (optional)	

PARENT/GUARDIAN & MEDICAL INFORMATION			
NAME OF PARENT/GUARDIAN		FAMILY PHYSICIAN	
HOME PHONE	CELL PHONE	PHYSICIAN'S PHONE NUMBER	
HOME ADDRESS		DO YOU HAVE ANY KNOWN ALLERGIES? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, please list:	
CITY	STATE	ZIP	
WORK PHONE:	E-MAIL ADDRESS:		
NAME OF PERSON RESPONSIBLE FOR PARTICIPANT'S MEDICAL BILLS (Guarantor):		DO YOU HAVE A HISTORY OF ALLERGIES, HEART CONDITION, DIABETES, ASTHMA, EPILEPSY, RHEUMATIC FEVER, OR OTHER EXISTING MEDICAL CONDITIONS? <input type="checkbox"/> NO <input type="checkbox"/> YES  If Yes, Please explain:	
GUARANTOR'S RELATIONSHIP TO PARTICIPANT:		ARE YOU TAKING MEDICATION? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, please list what kind:	
INSURANCE COMPANY		DO YOU HAVE ANY PHYSICAL RESTRICTIONS? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, please explain:	
INSURANCE COMPANY'S ADDRESS			
CITY	STATE	ZIP	
INSURANCE PLAN NUMBER		WHEN DID YOU LAST HAVE A TETANUS SHOT?	
INSURANCE GROUP NUMBER		Check "yes" if participant has a disability that meets <input type="checkbox"/> Yes criteria specified in the Americans with Disabilities Act (ADA). We will contact your Advisor and/or parents for further information.	
INSURANCE COMPANY PHONE NUMBER:		<b>By signing below, I do hereby agree to abide by the Personal Liability and Medical Release, the Code of Conduct, and the Photography and Sound Release agreements in their entirety and completely release SkillsUSA--Arizona and SkillsUSA Inc. of the stated liabilities.</b>	
IF YOU DO NOT HAVE MEDICAL INSURANCE SIGN HERE			
_____		Signature of Participant	Date
_____		Signature of Parent/Guardian	Date
PARTICIPANTS –			
CHECK HERE IF YOU ARE OVER AGE 18 AND ATTEST: <input type="checkbox"/>			