

## SkillsUSA Personal Liability & Medical Release Form

I hereby agree to release SkillsUSA Inc., and the Nebraska SkillsUSA, Inc. 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 any or all of the SkillsUSA Nebraska conferences checked on the Medical Release Form page, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of representatives, agents, servants, and employees.

I do voluntarily authorize the Nebraska SkillsUSA Leadership Conference Medical Services Coordinator, 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 or guardians of the participant will allow **emergency medical treatment** to be administered as needed. Any further treatment will require parental or guardian consultation.

I agree to indemnify and hold harmless SkillsUSA Inc., the Nebraska SkillsUSA, Inc. and said Medical Services Coordinator 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 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). Otherwise, this form will be returned for a parent or guardian signature. All participants must sign this form.

**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 or contestants from their school to be sent home, or may otherwise disqualify their chapter members from participating in the Nebraska SkillsUSA Leadership Conference including the Nebraska SkillsUSA Championships.

### Code of Conduct Agreement

The Nebraska SkillsUSA Leadership Conferences are designed to be an educational function and all plans are made with that objective. The Conferences represent Nebraska SkillsUSA's most significant meetings of the year. It is approved as a major educational activity by the National Association of Secondary School Principals and the National Association of State Supervisors of Trade and Industrial Education. Nebraska 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 their participation, the "Code of Conduct," as established by the Nebraska SkillsUSA Executive Council, 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. We are proud of our students and know that by signing this "Code of Conduct" you are simply reaffirming your dedication to be the best possible representative of your school and chapter.

1. I will, at all times, respect all public and private property, including the hotel or motel in which I am housed.
2. I will spend each night in the room of the hotel or 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 legal 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 or motel without the express permission of my local chapter advisor. 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 SkillsUSA director informed of my whereabouts at all times.
9. I will, when required, wear my official identification badge.
10. I will respect official SkillsUSA dress 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 am attending, I may be brought before the appropriate discipline 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 disqualification, immediate removal from office or competition 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 local school district administrator and parents or guardians. The participant's entire voting delegation could be unseated due to the violation, and the candidates or competitors from the participant's local school and chapter 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 local school district administration 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 Nebraska SkillsUSA permission to make still or motion pictures and sound recordings, separately or in combination, and also give a production company approved by the Nebraska SkillsUSA permission to use the finished silent or sound pictures, and/or sound recordings as deemed necessary. Further, I so hereby relinquish to the Nebraska SkillsUSA 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 Nebraska SkillsUSA 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 Nebraska SkillsUSA and the employees thereof, arising from a performance or appearance. I hereby authorize Nebraska SkillsUSA to display my picture, school information (school, address, and telephone number) and e-mail address on the Nebraska SkillsUSA web site.

Indicate with an "x" which conference this form is being used for (may be used for multiple conferences)

Fall Leadership Conference     Mid-America Conference     State Conference

## Medical Release Form

Local Chapter:	Parents' Names:
Check one: <input type="checkbox"/> Secondary Division <input type="checkbox"/> Postsecondary Division	Parents' Telephone Number (area code required)
Participates Name (First, Last) as it should appear on name badge:	Name of Teacher accompanying participant:
Participant's Home Address:	School:
City:    State:    Zip Code	Mailing address of school:
Home Telephone Number (area code required) (       )       -	City:    State:    Zip Code:
Age:                          Date of Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female	School telephone Number (area code required): (       )       -
Check one: <input type="checkbox"/> Participant <input type="checkbox"/> Advisor <input type="checkbox"/> Administrator <input type="checkbox"/> Other	Occupational Training Area:

### Emergency & Medical Information

**Photocopy your insurance card and attach the copy to this form.**

Name of Person to Contact in event of emergency:	Name of person responsible for Participants Medical Bills:
Contact Person's home phone Number (area code required): (       )       -	Participant's Relationship to Person responsible for Medical Bills:
Contact Person's work phone (with area code): (       )       -	Participant: Do you have a history of Allergies? Check one: No <input type="checkbox"/> Yes <input type="checkbox"/>
Name of Family Physician:	Participant: Do you have a history of a Heart Condition? Check one: No <input type="checkbox"/> Yes <input type="checkbox"/>
Physician's phone number:	Participant: Do you have a history of Diabetes? Check one: No <input type="checkbox"/> Yes <input type="checkbox"/>
Name of Insurance Company:	Participant: Do you have a history of Asthma? Check one: No <input type="checkbox"/> Yes <input type="checkbox"/>
Name of Insured:	Participant: Do you have a history of Epilepsy? Check one: No <input type="checkbox"/> Yes <input type="checkbox"/>
Insured's Plan Number:	Participant: Do you have a history of Rheumatic Fever? Check one: No <input type="checkbox"/> Yes <input type="checkbox"/>
Insured's Group Number:	Participant: Do you have other existing condition? Check one: No <input type="checkbox"/> Yes <input type="checkbox"/>
Insurance Company's phone Number for Member Services: (       )       -	If yes, please explain:
Insurance Company's phone Number for Precertification: (       )       -	If taking medication please provide description:
Does Participant have health Insurance: circle    No <input type="checkbox"/> Yes <input type="checkbox"/>	Participant: when did you last have a tetanus shot: Date:
Circle yes if participant has a disability that meets criteria specified in the Americans with Disabilities Act (ADA) <input type="checkbox"/> Yes	

I have read and completely understand the Medical Release Form, Personal Liability, the Code of Conduct, and the Photography and Sound Release agreements, and by signing, do hereby agree to abide by these in their entirety, accept the conditions of the agreements, and completely release SkillsUSA's national, state and district associations.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Parent/Guardian Signature if under age 18