

CONFERENCE REGISTRATION, PERSONAL AND LIABILITY RELEASE FORM

Read the other side of this form. Then, complete the *entire* form. Type or print clearly.

- Participants must wear their name badge *at all times* during the conference.
- They should also carry a copy of their medical insurance card at all times.

1 Complete this entire section.

Participant's home address is required. Do not use school address as home address.

Email address is required. Pre-conference information will be sent electronically.

| | | | | | |
|--|--|--|---|-----------|--|
| SkillsUSA State Association: | | | Parents' /Guardians' Names (if participant is under age 18): | | |
| Check one: <input type="checkbox"/> High School Division (Secondary) <input type="checkbox"/> Middle School Division <input type="checkbox"/> College/Postsecondary Division | | | Parents' Telephone Number (area code required): () | | |
| Participant's Name (First, Last) as it should appear on name badge: | | | Name of SkillsUSA Advisor for participant's occupational area: | | |
| Participant's HOME Address: | | | School where participant's occupational training/trade area is taught: | | |
| City: | State: | ZIP Code: | Mailing Address of above school: | | |
| HOME Telephone (area code required): () | CELL Phone (area code required): () | City: | State: | ZIP Code: | |
| Age: | Date of Birth (MM/DD/YY): | Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female | School Telephone Number (area code required): () | | |
| EMAIL address (to receive important instructions/contest updates before conference): | | | Participant's T-shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X <input type="checkbox"/> 5X | | |

2 Contestants only, complete this section.

All others, complete this section.

| | |
|--|---|
| Check: <input type="checkbox"/> Contestant | Contest in which competing: |
| Graduation Year: | Occupational Training/Trade Area in which contestant is enrolled: |
| Check one: <input type="checkbox"/> Advisor (Teacher) <input type="checkbox"/> State Association Director <input type="checkbox"/> Voting Delegate <input type="checkbox"/> State Office | <input type="checkbox"/> Observer (Student, Family, Child, Other, Etc.) _____ |

3 Complete this on-site emergency contact/ADA information.

| | |
|---|---|
| Name of Teacher/Adult chaperoning participant at conference: | Check "Yes" if participant has a disability that meets criteria specified in the Americans with Disabilities Act (ADA). We will contact you for further information. <input type="checkbox"/> Yes |
| ON-SITE Telephone Number of teacher/adult chaperone (area code required): () | |

4 Check the appropriate box to signify the participant's agreement.

I have read and completely understand the Personal Liability and Medical Release Form, the Code of Conduct, the Release of Personal Information Through Lead Retrieval System statement, and the Photography and Sound Release agreement, and, by checking the box, do hereby agree to abide by these in their entirety, accept the conditions of the agreements, and completely release SkillsUSA's national and state associations.

PARTICIPANTS —
CHECK HERE IF YOU ARE *OVER AGE 18*
AND ATTEST:

I have read and completely understand the Personal Liability and Medical Release Form, the Code of Conduct, the Release of Personal Information Through Lead Retrieval System statement, and the Photography and Sound Release agreement, and, by checking the box, do hereby agree to abide by these in their entirety, accept the conditions of the agreements, and completely release SkillsUSA's national and state associations. I have provided all necessary medical information to the adult chaperoning my child at this event so that this person may act on my behalf in case of a medical emergency.

PARENT/GUARDIAN —
CHECK HERE TO ATTEST FOR PARTICIPANT
(MANDATORY IF PARTICIPANT IS *UNDER AGE 18*)

SkillsUSA

Personal Liability and Medical Release Form

I hereby agree to release 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 the SkillsUSA National Leadership and Skills Conference, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of representatives, agents, servants and employees. I voluntarily assume all risk and danger relating to the conference, whether occurring prior to, during or after the event.

I do voluntarily authorize the SkillsUSA National Leadership and Skills 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/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 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.

Audio- or videotaping of conference speakers is not permitted.

NOTE: All persons under legal age must have a parent or guardian check 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 parent/guardian approval. All participants must check this form.

Release of Personal Information Through Lead Retrieval System

Each participant name badge at SkillsUSA's National Leadership and Skills Conference will include a barcode that includes personal information.

I understand that by giving my verbal permission to vendors and staff associated with the conference, this information will be used for follow-up after the conference. Personal information will include name, email address, shipping address, training program and contest area, where appropriate.

By checking the box on the other side, I acknowledge my understanding of this statement.

Code of Conduct Agreement

SkillsUSA's National Leadership and Skills Conference is designed to be an educational function, and all plans are made with that objective. It is SkillsUSA's most significant meeting of the year, with thousands of students attending from all over the nation. It is approved as a major educational activity by the National Association of Secondary School Principals and the Association for Skilled and Technical Sciences.

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 SkillsUSA as the nation's greatest student organization.

For everyone to receive the maximum benefits from participation, SkillsUSA's "Code of Conduct," as established by its national 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 enter any hotel room other than the one to which I am assigned. I understand that I am assigned a hotel room for the sole purpose of overnight accommodation.
5. I will not leave the hotel/motel without the express permission of my advisor or state SkillsUSA director. Should I receive permission, I will leave a written notice of where I will be.
6. 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.
7. I will not have in my possession any firearms, dangerous weapons, explosive compound, or an object that can reasonably be considered and/or used as a weapon.
8. My conduct shall be exemplary at all times.
9. I will not engage in bullying, which includes hazing; menacing; taunting; intimidating; the use of lewd, profane or vulgar language; verbal or physical abuse of others; or other threatening behavior toward others in person or through acts of cyberbullying.
10. I will not engage in any behavior that might be deemed sexual harassment which includes, but is not limited to, verbal, written or physical in nature.
11. I will keep my advisor or state SkillsUSA director informed of my whereabouts at all times.
12. I will, when required, wear my official identification badge that bears my name only on it and not that of another person.
13. I will respect official SkillsUSA attire and not smoke while wearing it.
14. I will attend, and be on time for, all general sessions and activities that I am assigned to and registered for.
15. 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 participant's misconduct or infraction could result in the disqualifying of his or her state delegation 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 attesting to the statement on the other side of this page.

Photography and Sound Release

By my attendance at the conference, I hereby grant SkillsUSA's national headquarters permission to make still or motion pictures and sound recordings, separately or in combination, and also give a production company approved by SkillsUSA's headquarters permission to use the finished silent or sound pictures and/or sound recordings as deemed necessary. I understand that my name may or may not appear with my photo, sound picture or sound recording.

Further, I hereby relinquish to SkillsUSA's national headquarters 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 SkillsUSA's national headquarters 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. I do hereby waive all personal claims, causes of action or damages against SkillsUSA's national headquarters and the employees thereof arising from a performance or appearance.