

Nevada Association of SkillsUSA
Personal Liability and Medical Release, Code of Conduct and Photo/Sound Release Form

Student Name: _____ School/College: _____

Advisor: _____

Home Address: _____

Home Telephone No: _____

NOTE: All persons under legal age must have a parent and/or guardian sign this form. If you are not under legal age, please indicate so on the parent/guardian signature line. **All student participants must sign this form. The signature signifies that the medical information is correct and that the provisions of the Personal Liability/Medical Release, Code of Conduct (see reverse side), and Photography and Sound Release (see reverse side) are agreed to.**

I hereby agree to release the Nevada Association of SkillsUSA from liability for any injury to above-named person resulting from any cause whatsoever while attending Association-sponsored events, including travel to and from the conferences, meetings or other sponsored events, except those injuries and/or damages resulting from willful acts of such representatives of the Association.

I do voluntarily authorize the state director, conference chairpersons, or other advisor or designee to administer and/or obtain routine or emergency medical treatment for the above-named person as deemed necessary.

I agree to hold harmless the Nevada Association of SkillsUSA, the state director, the conference chairpersons, and all assistants and advisors for any and all claims and/or judgements by or on behalf of the above-named person arising from or on account of medical procedures and/or treatment administered in good faith and according to accepted medical standards.

| | | | |
|-----------------------|------|---------------------------|------|
| Participant Signature | Date | Parent/Guardian Signature | Date |
|-----------------------|------|---------------------------|------|

Participants: Check here if you are over 18 and can sign for yourself:

MEDICAL INFORMATION

If you do not have medical insurance, please sign here _____

1. Known drug allergies _____
2. Last tetanus administration received _____
3. History of heart condition, diabetes, asthma, epilepsy, or rheumatic fever _____

4. Medication currently taking _____
5. Physical restrictions _____
6. Other conditions _____
7. Name of hometown physician and telephone number _____
8. Closest relative's name, address, and phone number _____

9. Insurance company name and plan number _____
10. Insurance company address _____

Duplicate this form as needed

CODE OF CONDUCT

The State Leadership Conference, Nevada SkillsUSA Championships and all other official events and activities are designed to be educational functions and all plans are made with that objective. These functions are the two primary events sponsored each year by the Nevada Association; the functions are approved by the Department of Education and every school district and community college in the State.

The Nevada Association of SkillsUSA wants every participant to have an enjoyable experience, one that helps them grow personally and professionally. All participants will be expected to conduct themselves in a manner best representing the Association and their local chapters at these important functions. In order that everyone receives the maximum benefits from their participation, the "Code of Conduct" must be followed at all times.

Please note that attendance at the state conferences is not mandatory. By volunteering to participate, you agree to follow the official conference rules and regulations or forfeit your personal rights to participate. We are proud of our student members, they *are* the organization, and know that by agreeing to this Code of Conduct you are simply reaffirming your dedication to be the best representative possible of your school/college.

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 to which I am assigned without the express permission of my advisor.
7. My conduct shall be exemplary at all times.
8. I will keep my advisor informed of my whereabouts at all times.
9. I will, when required, wear my name 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 may be subject to appropriate disciplinary measures. 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 may be sent home at his/her own expenses. Notification of the violation and the action taken will be sent to the participant's school and parents/guardians.
2. Violations of Items 7 through 12 will, at a minimum, result in a warning and reprimand. Notification of the violation and the action taken will be sent to the participant's school and parents/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 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 SkillsUSA Nevada to make still or motion pictures and sound recordings, separately or in combination, and also give other entities authorized by SkillsUSA Nevada permission to use the pictures and/or sound recordings as deemed necessary for promotional and/or educational purposes. Further, I so hereby relinquish to SkillsUSA Nevada all rights, title, interest in, and income from the finished sound recordings, still photos, and/or video recordings, and all originals, negatives, recording duplicates and prints, and give SkillsUSA Nevada 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 SkillsUSA and the employees/representatives thereof arising from a performance or appearance