



**NEVADA ASSOCIATION OF SKILLSUSA  
CONFERENCE REGISTRATION, PERSONAL LIABILITY AND MEDICAL  
RELEASE, MEDIA RELEASE FORM (FORM D) (REV 1/2022)**

<b>PARTICIPANT INFORMATION</b> Complete this entire section. Participant's home address is required. Do not use the school address as the home address.			
PARTICIPANT NAME (LAST, FIRST)			
PARTICIPANT STREET ADDRESS			
PARTICIPANT CITY		PARTICIPANT ZIP CODE	
PARENT/GUARDIAN HOME TELEPHONE (INC. AREA CODE)	(      )	PARENT/GUARDIAN CELL PHONE (INC. AREA CODE)	(      )
PARTICIPANT HOME TELEPHONE (INC. AREA CODE)		PARTICIPANT CELL PHONE (INC. AREA CODE)	
PARTICIPANT BIRTH DATE (MM/DD/YYYY)		PARTICIPANT AGE AT TIME OF CONFERENCE	
PARTICIPANT EMAIL ADDRESS		PARTICIPANT SHIRT SIZE	
PARENT/GUARDIAN EMAIL ADDRESS		PARTICIPANT GENDER	
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 (CIRCLE ONE): STUDENT    FAMILY    SCHOOL ADMIN    VOLUNTEER/CHAPERONE		

<b>ACTIVITY INFORMATION</b> If the attendee is not a contest participant, skip this section.			
PARTICIPANT DIVISION	<input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE/POSTSECONDARY	GRADUATION YEAR	
COURSE/PROGRAM NAME			
ACTIVITY/EVENT	<input type="checkbox"/> FALL LEADERSHIP CONFERENCE <input type="checkbox"/> STATE LEADERSHIP AND SKILLS CONFERENCE <input type="checkbox"/> NATIONAL LEADERSHIP AND SKILLS CONFERENCE		
LEADERSHIP CONTEST (If state conference)		SKILL CONTEST (If state conference)	

<b>SCHOOL INFORMATION</b> If participant is enrolled at multiple schools, use the school at which the applicable course is taught.			
SCHOOL NAME			
SCHOOL STREET ADDRESS			
SCHOOL CITY		SCHOOL ZIP CODE	
TEACHER NAME		SCHOOL TELEPHONE NUMBER	(      )

<b>AT-CONFERENCE INFORMATION</b> This information is used during emergencies and for planning purposes.		
TEACHER/CHAPERONE AT CONFERENCE		<input type="checkbox"/> CHECK TO INDICATE THE PARTICIPANT MEETS THE CRITERIA SPECIFIED IN THE AMERICANS WITH DISABILITY ACT (ADA). Please describe...  <input type="checkbox"/> CHECK TO INDICATE THE PARTICIPANT HAS DIETARY RESTRICTIONS. Please describe...
TEACHER/CHAPERONE MOBILE TELEPHONE	(      )	

**FORM CONTINUES ON NEXT PAGE**



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<b>MEDICAL HISTORY</b> This information will be used if a medical emergency occurs.			
Drug Allergies			
Last Tetanus administration received		Location of administration of last Tetanus	
History of heart condition, diabetes, asthma, epilepsy or rheumatic fever and other major conditions			
Medications currently taking (including over-the-counter medications)			
Physical restrictions			
Name of primary care physician		Telephone number of primary care physician	
Emergency contact name			
Emergency contact street address			
Emergency contact city		Emergency contact state	
Medical insurance company		Medical Insurance Group Number	
Name of Insured			
Participant Identification Number			

<b>AGREEMENT</b>			
<p>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 signing below, 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 chaperone at this event so that this person may act on my behalf in case of a medical emergency.</p>			
<b>PARTICIPANT SIGNATURE</b>		<b>DATE</b>	
<b>PARTICIPANT PRINTED NAME</b>			
<b>PARENT/GUARDIAN/CHAPERONE SIGNATURE</b> (Required for all high school/secondary participants)		<b>DATE</b>	
<b>PARENT/GUARDIAN/CHAPERONE PRINTED NAME</b>			

FULL AGREEMENT INFORMATION ON NEXT PAGE



**NEVADA ASSOCIATION OF SKILLSUSA  
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RELEASE, MEDIA RELEASE FORM (FORM D) (REV 1/2022)**

**SkillsUSA Personal Liability and Medical Release Form**

I hereby release the Nevada Association of SkillsUSA, its representatives, agents 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 this SkillsUSA Nevada conference, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of SkillsUSA Nevada representatives, agents or employees. I voluntarily assume all risk and danger relating to the conference, whether occurring prior to, during or after the event.

I voluntarily authorize the SkillsUSA Nevada conference medical services coordinator 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 Nevada and its medical services coordinator and/or 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 medical procedures or treatment rendered in good faith and according to accepted medical standards.

I understand that SkillsUSA Nevada has implemented preventative health and safety measures at this conference to help reduce the spread of COVID-19. I understand SkillsUSA Nevada cannot guarantee that conference attendees will not be exposed to or infected by COVID-19. As a conference participant, I acknowledge the contagious nature of COVID-19. By attending this conference, I voluntarily assume the risk and responsibility for any possible exposure or infection.

I have read and understand the SkillsUSA Nevada Code of Conduct. I agree to follow all policies, procedures and practices as stated. I understand that this is an educational activity and I will apply myself for the purpose of learning at all times and uphold the finest qualities of SkillsUSA Nevada members.

SkillsUSA Nevada is not responsible or liable for any issues related to my participation in any in-person, hybrid or virtual SkillsUSA Nevada contest including: technology issues or interruptions, malfunctions or failures; personal injury; illness; or damage to school property or individual property.

Adult supervision of student competitors is required at all times when operating power or hand tools; using cutting devices and knives; or handling sharp objects. SkillsUSA Nevada is not responsible or liable for any injuries or issues.

**Release of Personal Information Through Lead Retrieval System**

Participant name badges at any SkillsUSA Nevada state conference may include a barcode that includes personal information. I understand that by giving my verbal permission to vendors and staff associated with the conference, my information may be used for follow-up after the conference. Personal information may include my name, email address, mailing address, training program or contest area. By signing on the other side, I acknowledge my understanding of this statement and give consent for contact.

**SkillsUSA Nevada Conference Code of Conduct Agreement**

This SkillsUSA Nevada state conference is designed to be an educational function, and all plans are made with that objective in mind. SkillsUSA Nevada wants every participant to have an enjoyable experience with careful attention paid to both safety and comfort. All conference participants are expected to conduct themselves in a manner best representing SkillsUSA Nevada as a member of the nation's greatest career and technical education student organization.

For everyone to receive the maximum benefits from participation, SkillsUSA Nevada's "Code of Conduct," as established by its 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 Nevada 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 SkillsUSA Nevada state 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(s), or an object that can reasonably be considered and/or used as a weapon.
8. I will respect SkillsUSA attire and will not inhale or smoke cigarettes, e-cigarettes, use a vape pen or any other substances while wearing clothing bearing the name or logo of SkillsUSA, including outdoor venues.
9. I will not engage in bullying or cyberbullying of others including threatening words or behavior; menacing, hazing, taunting or intimidation;

- the use of lewd, profane or vulgar language; verbal or physical abuse of others; or other threatening behavior toward others at any time.
- 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 statements or actions to or about others.
- 11. I will keep my advisor or state SkillsUSA director informed of my whereabouts at all times.
- 12. I will, as required, wear my official conference identification badge that bears my legal name and not misrepresent myself by wearing the badge of another participant.
- 13. I will attend, and be on time for, all general sessions and activities that I am assigned to and registered for.
- 14. I will adhere to the specified conference dress code at all required times.
- 15. My conduct shall be exemplary at all times.
- 16. I will be respectful and professional when attending any SkillsUSA Nevada virtual conference and will share only appropriate information. I will use the chat feature for questions and comments that are relevant to the event and will not use the chat feature for posting comments that distract from the conference activities. I will use my full first name and last name as listed on my conference registration when signing on to the virtual conference.

**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 11 of the "Code of Conduct" will be grounds for immediate removal from an elected office and possible 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 12 through 14 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 12 through 14 may result in the participant being sent home at his/her own expense.

I agree to all conference rules of conduct and releases as stated on this form. My consent is affirmed when I complete and submit this registration form to SkillsUSA Nevada as a participant of this conference.

**Photography and Sound Release**

By attending this conference, I grant SkillsUSA and its production companies permission to photograph me, videotape me or make audio recordings of my voice, separately or in combination, and give permission to SkillsUSA to use these photos, videos or sound recordings without seeking further permission. I understand that my name may not appear with my photo, video or sound recording when used. Further, I relinquish to SkillsUSA all rights, title and interest in any photographs, videos or sound recordings of me and I grant SkillsUSA the exclusive right to exhibit, publish, give or transfer photographs, videotape or audio recordings to any individual, business and industry partner, publication, media outlet or governmental agency, or their assignees, without payment or other consideration to me. My agreement to participate or perform under camera, lighting and stated conditions is voluntary. I waive all personal claims, causes of action or damages against SkillsUSA and its employees or volunteers arising from such a performance or appearance. NOTE: I understand that audio or videotaping of conference speakers by conference participants is not permitted.