NEVADA ASSOCIATION OF SKILLSUSA

CONFERENCE REGISTRATION, PERSONAL LIABILITY AND MEDICAL RELEASE, MEDIA RELEASE FORM (FORM D) (REV 11/2026)

PARTICIPANT INFORMATION 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 TELEPHONE		PARTICIPANT PHONE	
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	▫ CONTESTANT ▫ ADVISOR ▫ STATE ASSOCIATION DIRECTOR ▫ VOTING DELEGATE ▫ STATE OFFICER ▫ OBSERVER ▫ FAMILY ▫ SCHOOL ADMINISTRATOR ▫ VOLUNTEER/CHAPERONE		

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

SCHOOL INFORMATION If the 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	

AT-CONFERENCE INFORMATION This information is used during emergencies and for planning purposes.			
TEACHER/CHAPERONE AT CONFERENCE			
TEACHER/CHAPERONE MOBILE TELEPHONE			
▫ CHECK TO INDICATE THE PARTICIPANT MEETS THE CRITERIA SPECIFIED IN THE AMERICANS WITH DISABILITIES ACT (ADA). Please describe...		▫ CHECK TO INDICATE THE PARTICIPANT HAS DIETARY RESTRICTIONS. Please describe...	

FORM CONTINUES ON NEXT PAGE

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MEDICAL HISTORY: This information will be used in the event of a medical emergency.			
Drug Allergies			
Last Tetanus administration received		Location of administration of the last Tetanus	
History of heart condition, diabetes, asthma, epilepsy, or rheumatic fever, and other major conditions			
Medications currently taken (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			

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 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.

PARTICIPANT SIGNATURE		**DATE**	
PARTICIPANT PRINTED NAME			
PARENT/GUARDIAN/CHAPERONE SIGNATURE (Required for all high school/secondary participants)		**DATE**	
PARENT/GUARDIAN/CHAPERONE PRINTED NAME			

FULL AGREEMENT INFORMATION ON THE NEXT PAGE

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Nevada Association of SkillsUSA Personal Liability and Medical Release Form

I hereby release 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 Nevada Association of SkillsUSA conference, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of Nevada Association of SkillsUSA 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 Nevada Association of SkillsUSA 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 Nevada Association of SkillsUSA 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 Nevada Association of SkillsUSA 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 Nevada Association of SkillsUSA 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 Nevada Association of SkillsUSA members.

Nevada Association of SkillsUSA is not responsible or liable for any issues related to my participation in any in-person, hybrid or virtual Nevada Association of SkillsUSA 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. Nevada Association of SkillsUSA is not responsible or liable for any injuries or issues.

If you are age 18 or over, please check the box on the first page of this form to indicate that. Anyone under 18 must have a parent or guardian review this form and check the box on the first page. If a box is not checked, this form will be returned. All participants must submit this form to participate.

Nevada Association of SkillsUSA Conference Code of Conduct Agreement

This Nevada Association of SkillsUSA national or state conference is designed to be an educational function, and all plans are made with that objective in mind. Nevada Association of SkillsUSA wants every participant to have an enjoyable experience with careful attention paid to both inclusion and safety. All conference participants are expected to conduct themselves in a manner that is exemplary at all times and best represents Nevada Association of SkillsUSA. For everyone to receive the maximum benefits from participation, Nevada Association of 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. Nevada Association of 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 Nevada Association of SkillsUSA director.
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 share this information with the appropriate individual, based on my school's policy.
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. I will respect Nevada Association of 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 Nevada Association of SkillsUSA, including outdoor venues.
9. I will not engage in bullying, harassment or acts of bias against 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 unwelcome behavior against others related to one's identity.
10. In accordance with the Nevada Association of SkillsUSA Statement of Non-Discrimination, I will not engage in acts of bias including: discrimination or harassment; bullying, threatening words or behavior; or engage in any activity 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 Nevada Association of SkillsUSA director informed of my whereabouts at all times.
12. I will, as required, wear my official conference identification badge 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. Virtual Events: I will be respectful and professional when attending any Nevada Association of SkillsUSA 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.

Reporting

Any individual who believes that they have experienced bias or harassment while participating in a Nevada Association of SkillsUSA event may report the incident online using the Nevada Association of SkillsUSA Report Form, or directly to a Nevada Association of SkillsUSA national staff member. All reports will be addressed in accordance with Nevada Association of SkillsUSA's related procedures.

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" may 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 school/college administration.
2. Violations of Items 12 through 15 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 school/college administration. Repeated violations of Items 12 through 15 may result in the participant being dismissed from the conference (virtual or in-person) and sent home at their 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 Nevada Association of SkillsUSA as a participant of this conference.

Photography and Sound Release

By attending this conference, I grant Nevada Association of SkillsUSA and its production companies permission to photograph me, videotape me or make recordings of my voice, separately or in combination, and give permission to Nevada Association of SkillsUSA to use these photos, videos or 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 Nevada Association of SkillsUSA all rights, title and interest in any photographs, videos or sound recordings of me and I grant Nevada Association of 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 Nevada Association of 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.