

Personal Liability and Medical Release Form

I hereby agree to release SkillsUSA Maine Inc. their representatives, agents, servants, volunteers and employees from liability for any injury to the named person, resulting from any cause whatsoever occurring to the named person at any time. I further waive all liability for travel to and from the conference.

I do voluntarily authorize SkillsUSA Maine, and/or their volunteers or employees 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.

I agree to indemnify and hold harmless SkillsUSA Maine, and/or their volunteers or employees 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 Maine 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). If you are age 18 or older, please indicate that on other side of this form. Otherwise, this form will be returned

for a parent/guardian signature. All participants must sign this form.

Code of Conduct

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 from their school, region or state to be sent home, or may otherwise disqualify their school, region or state from participating in SkillsUSA.

SkillsUSA's conferences are designed to be educational functions, and all plans are made with that objective. 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 SkillsUSA Maine Board of Directors and must be followed at all times.

Photography, Sound, and Communication

I hereby grant SkillsUSA Maine Inc., their representatives, agents, servants, volunteers and employees permission to make still or motion pictures and sound recordings, separately or in combination, and also give a production company approved by SkillsUSA Maine permission to use the finished silent or sound pictures,

and/or sound recordings as deemed necessary.

Further, I hereby relinquish to SkillsUSA Maine Inc., their representatives, agents, servants, volunteers and employees 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 Maine 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 Maine SkillsUSA and the employees thereof, arising from a performance or appearance.

I hereby authorize SkillsUSA Maine Inc., their representatives, agents, servants, volunteers and employees to display my name, picture, and contact information online.

I hereby authorize my student to communicate personally with SkillsUSA Maine Inc., their representatives, agents, servants, volunteers and employees; this includes communication in person, through social media, group messaging apps, text messages, and emails.

THIS FORM MUST BE FULLY COMPLETED AND PROPERLY SIGNED!

STUDENT INFORMATION				
SCHOOL			ADVISOR'S NAME	
PARTICIPANTS FULL LEGAL NAME (first, middle, last)				
AGE	BIRTHDATE (month / day / year):		SHIRT SIZE:	CLOSEST AIRPORT: (St. Louis or Kansas City only)
HOME ADDRESS				
CITY			STATE: ME	ZIP
CELL PHONE NUMBER (include area code)			EMAIL	
PARENT/GUARDIAN & MEDICAL INFORMATION				
NAME OF PARENT/GUARDIAN			FAMILY PHYSICIAN	
HOME PHONE		CELL PHONE		PHYSICIAN'S PHONE NUMBER
HOME ADDRESS			DO YOU HAVE ANY KNOWN ALLERGIES? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, please list:	
CITY		STATE	ZIP	
WORK PHONE:		E-MAIL ADDRESS:		DO YOU HAVE A HISTORY OF ALLERGIES, HEART CONDITION, DIABETES, ASTHMA, EPILEPSY, RHEUMATIC FEVER, OR OTHER EXISTING MEDICAL CONDITIONS? <input type="checkbox"/> NO <input type="checkbox"/> YES
NAME OF PERSON RESPONSIBLE FOR PARTICIPANT'S MEDICAL BILLS (Guarantor):			If Yes, Please explain:	
GUARANTOR'S RELATIONSHIP TO PARTICIPANT:				
NAME OF INSURED:			ARE YOU TAKING MEDICATION? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, please list what kind:	
INSURANCE COMPANY:				
INSURANCE COMPANY'S ADDRESS:			DO YOU HAVE ANY PHYSICAL RESTRICTIONS? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, please explain:	
CITY		STATE	ZIP	
INSURANCE PLAN NUMBER:			WHEN DID YOU LAST HAVE A TETANUS SHOT?	
INSURANCE GROUP NUMBER:			Check "yes" if participant has a disability that meets <input type="checkbox"/> Yes criteria specified in the Americans with Disabilities Act (ADA). We will contact your Advisor and/or parents for further information.	
INSURANCE COMPANY PHONE NUMBER:			<p>I have read and completely understand the Personal Liability and Medical Release Form, 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, and the Missouri Department of Elementary & Secondary Education from legal suit and/or liability. I understand that should I (or my student) not fulfill his/her obligations as a state officer, costs in the actual amount incurred will become due immediately.</p>	
<p>IF STUDENT DOES NOT HAVE MEDICAL INSURANCE SIGN HERE: By signing you are agreeing to be responsible for payment of any and all medical services rendered.</p>				
Parent/Guardian Signature			Signature of Participant	
			Date	
SCHOOL DIRECTOR'S CONTACT INFORMATION				
DIRECTOR'S NAME:			Signature of Parent/Guardian	
			Date	
DIRECTOR'S CELL PHONE NUMBER:			Signature of Chapter Advisor	
			Date	
			Signature of Career Center Director/Principal	
			Date	