



SkillsUSA Personal Liability and Medical Release Form

I hereby agree to release SkillsUSA Inc. and SkillsUSA South Carolina 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 participating in the State Officer, including travel to and from the planned SkillsUSA events, excepting only such injury or damage resulting from willful acts of representatives, agents, servants, and employees. I do voluntarily authorize the State Officer leaders, advisors, 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 its representatives, agents, servants and employees 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 "SkillsUSA South Carolina State Officer 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 and SkillsUSA South Carolina.

NOTE: All persons under legal age must have a parent or guardian sign the Registration, Personal and Liability Release Form (see next page). 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.

PARTICIPANTS: Be sure that you understand the "SkillsUSA South Carolina State Officer Code of Conduct." Any person violating these rules may be sent home at their own expense, may cause other participants from their school to be sent home, or may otherwise disqualify their participants from participating as a State Officer.



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*
- They should also carry a copy of their medical insurance card at all times.

Complete this entire section.

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

Email address is required.

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	Parents' Telephone Number (area code required): ()		
<input type="checkbox"/> College/Postsecondary Division			Name of SkillsUSA Advisor for participant's occupational area:		
Participant's Name (First, Last) as it should appear on name badge:			School where participant's occupational training/trade area is taught:		
Participant's HOME Address:			Mailing Address of above school:		
City:	State:	ZIP Code:			
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		

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.
ON-SITE Telephone Number of teacher/adult chaperone (area code required): ()	<input type="checkbox"/> Yes

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.

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.

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

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

THIS COMPLETED FORM MUST BE TURNED IN OR PARTICIPANT WILL NOT BE ALLOWED TO ATTEND.

Rev. 12/14