



SkillsUSA Idaho Personal & Liability Release Form

This form must be fully completed and properly signed or participation will be denied.

The participant's signature must appear on this form.

The parent's or guardian's signature is an absolute requirement for those under the age of 18.

PLEASE ATTACH PHOTOCOPIES OF YOUR MEDICAL INSURANCE CARD (FRONT AND BACK).

Read the other side of this form. If you understand and agree to the conditions, please fill out the form below and sign.

Type or print clearly.

Chapter: _____

Participant Full Legal Name: _____

Age: _____ Date of Birth (MM/DD/YYYY): _____ T-shirt Size: _____

Participant Home Address: _____

City/State/Zip: _____ Phone: _____

Name of Emergency Contact: _____

Emergency Contact Address: _____

Emergency Contact Phone: _____ Email: _____

Name of Family Physician: _____

Physician Address: _____

Physician Phone: _____ Email: _____

Name of Person Responsible for Paying Medical Bills (guarantor) & Relationship to Participant:

Guarantor Employer: _____ Employer Phone: _____

Employer Address: _____

Insurance Company Name: _____

Insurance Company Address: _____

Insurance Plan Number: _____

Insurance Group Number: _____

Insurance ID Number: _____

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

(Please continue on the next page)

Do you have any known allergies? If yes, please explain: _____

Are you taking any medications? If yes, please list: _____

Do you have a history of allergies or any known medical conditions? If yes, please explain: _____

When did you last have a tetanus shot? _____

If participant is over the age of 18 and can provide signature for himself/herself, please check this box

Having read and understood completely the Personal and Liability I, by signing below, do hereby agree to abide by these in their entirety and completely release SkillsUSA Idaho. **Participant must sign!**

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____