

## SkillsUSA Idaho Personal Liability and Medical Release

I \_\_\_\_\_ hereby agree to release SkillsUSA Idaho, it's 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 attending a conference or event sponsored by SkillsUSA Idaho, including travel to and from the conference/event, excepting only such injury or damage resulting from willful acts of representatives, agents, servants, and employees.

I do voluntarily authorize the SkillsUSA Idaho office 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 Idaho 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 "Code of Conduct" of SkillsUSA Idaho, 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 the 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 Code of Conduct. Any person violating these rules may be sent home at their own expense, may cause other participants to be sent home, or may otherwise disqualify their chapter from participating.

### **Code of Conduct Agreement:**

This conference or event is an educational function and all plans are made with that objective. It is approved as a major educational activity by the Idaho Career & Technical Education.

SkillsUSA Idaho wants every person to have an enjoyable experience with maximum attention 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 maximum benefits from their participation, this "Code of Conduct" was established by the National Board of Directors of SkillsUSA and has been adopted as a policy by the SkillsUSA Idaho Board of Directors and must be adhered to at all times. It should be noted that attendance is voluntary, not mandatory, and as such you agree to abide by the official conference rules and regulations or forfeit your personal rights to attend and participate. SkillsUSA Idaho is proud of its members, and knows that by signing this Code of Conduct, you are simply reaffirming your dedication to be the best possible representative of your chapter.

### **Violations and Penalties:**

I agree that if, for any reason, I am in violation of any of the rules of the conference or event, I may be brought before the appropriate discipline 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. Violations will be grounds for immediate removal from office and 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 school district and parents or guardians. Some violations may result in a warning and reprimand. Notification of the violation and the action taken will be sent to the participant's school district and parents or guardians. Repeated violations of rules may result in the participant being sent home at his/her own expense.

**Photography, Web, and Sound Release:**

I hereby grant SkillsUSA, SkillsUSA Idaho, and the Idaho Division of Career & Technical Education permission to make and use still or motion pictures and sound recordings, separately or in combination, as deemed necessary. Further, I relinquish all rights, title, interest in, and income from the finished product and grant them the right to give, sell, transfer, or exhibit same to any individual, firm, radio or television station or network, publication, governmental agency, and their assignees without payment or consideration from me. My agreement to perform under camera, lighting, and stated conditions is voluntary, and I do hereby waive all personal claims, causes of action, damages, against the above arising from a performance or appearance.

*"I give the Idaho Division of Career & Technical Education (ICTE), permission with respect to the image(s), (photographs, film, tape, etc.), taken of me during any SkillsUSA or SkillsUSA Idaho sanctioned event, to use the image(s) on the ICTE Web Site along with my name in conjunction therewith, if ICTE so chooses. I release and discharge the person(s) who took the image(s) of me, his/her heirs, executors, assigns and any designee from any and all claims and demands arising out of or in connection with the use of these images (photographs, film, tape) including, but not limited to any claims for defamation or invasion of privacy."*

Initial: \_\_\_\_\_

**I certify that the above named individual agrees to the terms outlined in the above Liability & Medical Release.**

**Participant Full Printed Name:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Full Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_