

# SkillsUSA West Virginia Participation Consent Form

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Chapter/ School: \_\_\_\_\_ Advisor (Instructor): \_\_\_\_\_

HS/Adult: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Student's Cell #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Roommate Preference: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

## Insurance and Medical Information

Local Family Physician \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last Tetanus Toxoid (year): \_\_\_\_\_ Allergies: \_\_\_\_\_

On current medication? \_\_\_\_\_ If so, name: \_\_\_\_\_

Past serious illness or injuries: \_\_\_\_\_

Parent's Insurance Co: \_\_\_\_\_

Address: \_\_\_\_\_ Policy Number: \_\_\_\_\_

*In the event a parent/guardian **cannot** be reached, please contact:* Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

## Medical Authorization and Permission Form

I hereby authorize in advance any necessary medical treatment required by my child while he/she is attending the **SkillsUSA National Leadership & Skills Conference located in Atlanta, GA June 20-25**. As with all such workshops, there is the possibility that your child will have the opportunity to go to dinner, shopping, on sightseeing tours, etc. I hereby give my permission for my child to participate in these related activities. We have read and agreed to abide by these regulations. We also agree that the school officials, the chapter advisors and the state staff have the right to send my child home from this activity at our (parent's/guardian's) expense, if at any time the student violates the rules and his/her conduct becomes a detriment to others.

Parent Signature: \_\_\_\_\_

## Assumption of Risk

**I have understand the risk concerning COVID-19.** I hereby choose to accept the risk of my child/student contracting COVID-19 in order for them to attend the SkillsUSA WV NLSC and enter into the conference premises. The conference is of such value to my child that I accept the risk of them being exposed to, contracting, and/or spreading COVID-19 in order to attend in person.

## Waiver – Release

As a condition of my child/student participation in this meeting or event, I, do hereby expressly waive any rights against and release and hold harmless SkillsUSA WV and any of its officers, employees, affiliates, contractors, agents, heirs, legal successors, and assigns (collectively “SkillsUSA WV”) from and against any and all claims, suits, demands, losses, damages, expenses, or liability of whatever kind or nature (collectively “liability”), under any theory of law or equity, that may arise during or as a result of my child/students presence at the premises, including but not limited to any such liability related to or arising out of illness, injury, or death associated with infection of COVID-19 or complications, symptoms, or other effects resulting from contracting COVID-19.

**I UNDERSTAND, AND IT IS MY EXPRESS INTENT, THAT THIS RELEASE AND WAIVER OF LIABILITY RELEASES SkillsUSA WV FROM SUCH LIABILITY EVEN IF SUCH LIABILITY RESULTS FROM OR IS CAUSED BY THE SOLE OR CONTRIBUTORY OR ACTIVE OR PASSIVE NEGLIGENCE, STRICT LIABILITY, OR OTHER LEGAL FAULT OF SkillsUSA WV OR ANY THIRD PARTY. I ALSO UNDERSTAND AND AGREE THAT SkillsUSA WV DOES NOT ASSUME ANY RESPONSIBILITY OR OBLIGATION TO PROVIDE FINANCIAL OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABLITY ASSISTANCE IN THE EVENT OF INJURY OR ILLNESS. IN THE EVENT THAT MY CHILD/STUDENT MEMBER IS INJURED, BECOMES ILL, OR SUFFERS COMPLICATIONS DUE TO COVID-19, ALLEGEDLY AS A RESULT OF MY CHILDS PARTICIPATION IN A EVENT, I AGREE TO RELEASE AND HOLD HARMLESS SkillsUSA WV IN THE SAME MANNER AND TO THE SAME EXTENT AS SET FORTH ABOVE.**

**BY COMPLETING THE REGISTRATION FOR THIS EVENT, I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE. AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE AS THE PARENT OR LEGAL GUARDIAN OF \_\_\_\_\_ . (List student name)**

Parents' or Guardians' Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

*(Form must be signed by person responsible for medical insurance/bills for the student listed at the top of this form.)*

# CODE OF CONDUCT



When attending a local or national SkillsUSA function, each member will be expected to adhere to the Code of Conduct established by SkillsUSA.

**PARTICIPANTS:** Be sure that you understand the "Code of Conduct." Any person violating these rules may be sent home at his/her own expense, may cause other participants from their state to be sent home, or may otherwise disqualify their participants from participating in the local or national SkillsUSA function.

**Code of Conduct Agreement** In order that everyone may receive the maximum benefits from their participation, the "Code of Conduct" 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.

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 remain in the sleeping room of the opposite sex unless the door is completely open at all times, unless the person is my spouse.
5. 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, in which case, the medication will be in the original prescription container with dosage information and prescribing physician information attached. I will also list such medication in the "Insurance and Medical Information" portion of this packet on the previous page.
6. I will not leave the hotel without the express permission of my advisor. Should I receive permission, I will advise them of my whereabouts at all times.
7. My conduct shall be exemplary at all times.
8. I will keep my advisor informed of my whereabouts at all times.
9. I will, when required, wear my official identification badge.
10. I will attend, and be on time for, all general sessions and activities that I am assigned to and registered for.
11. I will adhere to the dress code at all required times.

**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 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.

I certify that I have read and understand the aforementioned items in the SkillsUSA Code of Conduct. I agree to abide by the conference guidelines for the time period required including travel from my home to the conference, during the conference and returning to my home.

Student Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Chapter (School): \_\_\_\_\_

**Advisors:** Please communicate this policy to your members and keep a signed copy in your possession throughout the Conference.



## Photo Performance Release

I hereby grant the SkillsUSA West Virginia Association permission to make still or motion pictures and sound recordings, separately or in combination, and also give a production company approved by the SkillsUSA West Virginia Association permission to use the finished silent or sound pictures, and/or sound recordings as deemed necessary. Further, I so hereby relinquish to the SkillsUSA West Virginia Association 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 the SkillsUSA West Virginia Association 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 SkillsUSA national headquarters and the employees thereof, arising from a performance or appearance.

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Signature of Parent/Guardian

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CTE School

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Signature of Participant

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CTE School Address

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Participant's Address

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School, City/Zip

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Participant's City/Zip Code

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Date