



WLT I PERSONAL AND LIABILITY RELEASE FORM

Read the other side of this form. If you completely understand and agree to the conditions, please fill out the form below and sign. Please type or print clearly.

SkillsUSA State Association:		
Participant's Full Name (First, Middle, Last):		
Age:	Birthdate (day/month/year):	Social Security Number:
Participant's Home Address:		
City:	State:	ZIP Code:
Home Telephone Number (please include area code): ()		

Name of Emergency Contact Person:		Family Physician:	Physician's Telephone Number: ()
Contact Person's Telephone Number (please include area code): ()		Do you have any known allergies? <input type="checkbox"/> NO <input type="checkbox"/> YES If 'yes,' please list:	
Contact Person's Street Address:			
City:	State:	ZIP Code:	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 If 'yes,' please explain:
Name of Person Responsible for Your Medical Bills (Guarantor):			
Guarantor's Relationship to Participant:	Guarantor's Social Security Number:	Are you taking medication? <input type="checkbox"/> NO <input type="checkbox"/> YES If 'yes,' please list what kind:	
Guarantor's Employer:	Employer's Telephone Number: ()		
Employer's Address:		Do you have any physical restrictions? <input type="checkbox"/> NO <input type="checkbox"/> YES If 'yes,' please explain:	
City:	State:	ZIP Code:	
Insurance Company:		When did you last have a tetanus shot?	
Insurance Company's Address:		PARTICIPANTS— CHECK HERE IF YOU ARE OVER 18 AND CAN SIGN FOR YOURSELF <input type="checkbox"/>	
City:	State:	ZIP Code:	Having read and understood completely the Personal Liability and Medical Release, the Code of Conduct, and the Photography and Sound Release agreements on the other side of this form, I, by signing below, do hereby agree to abide by these in their entirety and completely release SkillsUSA Inc.
Insurance Plan Number:		_____ <i>Signature of Participant</i> Date	
Insurance Group Number:			
Insured I.D. Number:		_____ <i>Signature of Parent or Guardian</i> Date	
If you do not have any medical insurance, sign here:			

THIS FORM MUST BE FULLY COMPLETED AND PROPERLY SIGNED OR PARTICIPATION WILL BE DENIED!

The participant's signature must appear on **all** forms.

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).

SkillsUSA

Personal Liability and Medical Release Form

I hereby agree to release SkillsUSA 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 attending the Washington Leadership Training Institute (WLTI), including travel to and from the conference, excepting only such injury or damage resulting from willful acts of representatives, agents, servants and employees.

I do voluntarily authorize the SkillsUSA national 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 judgement. 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/or assistants and designees for any and all claims, demands, actions, rights of action, and/or judgements 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 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.

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 contestants from their state to be sent home, or may otherwise disqualify their state association from participating in SkillsUSA's WLTI.

Code of Conduct Agreement

SkillsUSA's WLTI is designed to be an educational function and all plans are made with that objective. It is approved as a major educational activity by the National Association of Secondary School Principals and the National Association of State Supervisors of Trade and Industrial Education.

The SkillsUSA national office 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 SkillsUSA's National Board of Directors, must be followed at all times.

Note that attendance is not mandatory. By voluntarily participating, you agree to follow the official WLTI rules and regulations or forfeit your personal rights to participate. We are proud of our students and know that by signing this "Code of Conduct" you are simply reaffirming your dedication to be the best possible representative of your state.

- 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. If I am required to take medication, I will, at all times, have the orders of the physician on my person.**
- 6. I will not leave the hotel/motel without the express permission of my advisor or SkillsUSA state director. Should I receive permission, I will leave a written notice of where I will be.**
- 7. My conduct shall be exemplary at all times.**
- 8. I will keep my advisor or SkillsUSA state director informed of my whereabouts at all times.**
- 9. I will, when required, wear my official identification badge.**
- 10. I will respect official SkillsUSA attire and not smoke while wearing it.**
- 11. I will attend, and be on time for, all general sessions and activities that I am assigned to and registered for.**
- 12. 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 WLTI, 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 of Items 1 through 6 of the "Code of Conduct" 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 state department of education and parents or guardians. The participants from the participant's state could be disqualified as well.
- Violations of items seven through twelve will result in a warning and reprimand. Notification of the violation and the action taken will be sent to the participant's state department of education and parents or guardians. Repeated violations of Items 7 through 12 may result in the participant being sent home at his/her own expense.

It is within the spirit of being a proud and meaningful member of SkillsUSA that I agree to these rules of conduct by signing my name on the other side of this page.

Photography and Sound Release

I hereby grant the SkillsUSA national office permission to make still or motion pictures and sound recordings, separately or in combination, and also give a production company approved by the SkillsUSA national office permission to use the finished silent or sound pictures, and/or sound recordings as deemed necessary.

Further, I so hereby relinquish to the SkillsUSA national office 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 national office 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 office and the employees thereof, arising from a performance or appearance.