



MISSOURI ASSOCIATION
OF SKILLSUSA

SkillsUSA Assurance Form

(for the Registration, Personal and Liability Release Forms)

The SkillsUSA Missouri members of _____ chapter from _____ School District, (including but not limited to students, instructors, advisors and observers) along with their parents/guardians, have read and completed the 2022-2023 Personal Liability and Medical Release Form. The Personal Liability and Medical Release Form was received by the SkillsUSA Local Chapter Advisor and will be kept on file at the school district.

I recognize and understand that SkillsUSA Missouri will NOT collect the Personal Liability and Medical Release Forms. All registration and Personal Liability and Medical Release Forms will remain in possession of all conference-registered school representatives at all times during the SkillsUSA conference.

Parents have been provided the following statement and signed parental consent forms have been collected and are housed by the local school district:

I hereby authorize the Missouri Department of Elementary and Secondary Education to publish and make publically available information that may otherwise be considered "personal information" within the meaning of State Statute RSMo 105.1500. Such information may include name, photographs, school name and Career and Technical Student Organization involvement on the Missouri HOSA website, conference apps, or social media accounts.

I understand that by signing this document that I am responsible for any and all release forms and hereby release SkillsUSA, SkillsUSA Missouri, the Department of Elementary & Secondary Education, the State of Missouri, State Technical College of Missouri and their employees, volunteers, and/or representatives from any liability or injury or death to the named person, resulting from any cause whatsoever occurring to the participants at any time while attending the SkillsUSA Conference.

[UPLOAD FORM HERE](#)

(Printed name of School Advisor)

(Signature of School Advisor)

(Date)

(Printed name of School Principal/Director/Dean)

(Signature of School Principal/Director/Dean)

(Date)

Conference Name

Conference Location