

I hereby agree to release SkillsUSA Missouri, SkillsUSA Inc., Missouri Department of Elementary & Secondary Education, the State of Missouri, State Technical College of Missouri and its representatives, agents, volunteers, servants and employees from liability for any injury or death to the named person, resulting from any cause whatsoever occurring to the named person at any time while attending any SkillsUSA Conference or event. I also waive liability for travel to and from the event.

I do voluntarily authorize my student's school or SkillsUSA Missouri 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.

I agree to indemnify and hold harmless release SkillsUSA Missouri, SkillsUSA Inc., Missouri Department of Elementary & Secondary Education, the State of Missouri, and State Technical College of Missouri, its representatives, agents, volunteers, servants and employees 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 Missouri and 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.

I understand that SkillsUSA has implemented preventative health and safety measures at this conference to help reduce the spread of COVID-19. I understand SkillsUSA cannot guarantee that conference attendees will not be exposed to or infected by COVID-19. As a conference participant, I acknowledge the contagious nature of COVID-19. By attending this conference, I voluntarily assume the risk and responsibility for any possible exposure or infection.

I understand that on rare occasions, errors in scoring may happen which may result in incorrect medals being awarded. I understand and agree that the SkillsUSA Missouri State Director has the right to alter placings once awarded if such action should be deemed necessary.

SkillsUSA is not responsible or liable for any issues related to my participation in any in-person, hybrid or virtual SkillsUSA contest including: technology issues or interruptions, mal- functions or failures; personal injury; illness; or damage to school property or individual property.

Adult supervision of student competitors is required at all times when operating power or hand tools; using cutting devices and knives; or handling sharp objects. SkillsUSA is not responsible or liable for any injuries or issues.

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.

### CODE OF CONDUCT

This SkillsUSA Missouri conference is designed to be an educational function, and all plans are made with that objective in mind. SkillsUSA wants every participant to have an enjoyable experience with careful attention paid to both safety and comfort. All conference participants are expected to conduct themselves in a manner best representing SkillsUSA as a member of the nation's greatest career and technical education student organization.

In order that everyone may receive the maximum benefits from participation, the "Code of Conduct," and rules set by the state director and his/her designees, must be followed at all times.

**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 from their school, region or state to be sent home, or may otherwise disqualify their school, district or state from participating in SkillsUSA.

**CONFERENCE ATTIRE:** Conference attendees are expected to wear appropriate clothes and/or uniforms for various events, conferences, activities and meetings.

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. SkillsUSA is proud of its students and knows 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 enter any hotel room other than the one to which I am assigned. I understand that I am assigned a hotel room for the sole purpose of overnight accommodation.
5. I will not leave the hotel/motel without the express permission of my advisor or state SkillsUSA director. Should I receive permission, I will leave a written notice of where I will be.
6. 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.
7. I will not have in my possession any firearms, dangerous weapons, explosive compound, or an object that can reasonably be considered and/or used as a weapon.
8. I will respect SkillsUSA attire and will not inhale or smoke cigarettes, e-cigarettes, use a vape pen or any other substances while wearing clothing bearing the name or logo of SkillsUSA, including outdoor venues.
9. I will not engage in bullying or cyberbullying of others including threatening words or behavior; menacing, hazing, taunting or intimidation; the use of lewd, profane or vulgar language; verbal or physical abuse of others; or other threatening behavior toward others at any time.
10. I will not engage in any behavior that might be deemed sexual harassment which includes, but is not limited to, verbal, written or physical statements or actions to or about others.
11. I will keep my advisor or state association director informed of my whereabouts at all times.
12. I will, when required, wear my official identification badge.
13. I will attend, and be on time for, all general sessions and activities that I am assigned to and registered for.
14. I will adhere to the dress code at all required times.
15. My conduct shall be exemplary at all times.
16. I will be respectful and professional when attending any SkillsUSA virtual conference and will share only appropriate information. I will use the chat feature for questions and comments that are relevant to the event and will not use the chat feature for posting comments that distract from the conference activities. I will use my full first name and last name as listed on my conference registration when signing on to the virtual conference.

### 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 sent home at the expense of my school or myself. 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. Any person violating these rules may be sent home at their own expense, may cause other participants or contestants from their school to be sent home, or may otherwise disqualify their chapter from participating in the future events and conferences, including the SkillsUSA Missouri Championships.

1. Violations of Items 1 through 11 of the "Code of Conduct" will be grounds for immediate removal from an elected 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 participant's misconduct or infraction could result in the disqualifying of his or her state delegation as well.

2. Violations of Items 12 through 14 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 12 through 14 may result in the participant being sent home at his/her own expense.

**I agree to all conference rules of conduct and releases as stated on this form. My consent is affirmed when I complete and submit this registration form to SkillsUSA as a participant of this conference.**

### PHOTOGRAPHY AND SOUNDS RELEASE

By attending this conference, I hereby grant SkillsUSA Missouri, SkillsUSA Inc., Missouri Department of Elementary & Secondary Education, and the State of Missouri, its representatives, agents, volunteers, servants and employees permission to photograph me, videotape me or make audio recordings of my voice, separately or in combination, and also give a production company approved by the SkillsUSA Missouri and/or SkillsUSA national office permission to use the finished silent or sound pictures, and/or sound recordings as deemed necessary. I also grant SkillsUSA Missouri and national SkillsUSA offices permission to share silent or sound pictures with other organizations deemed appropriate, including but not limited to SkillsUSA Missouri, SkillsUSA Inc., Missouri Department of Elementary & Secondary Education, and the State of Missouri, its representatives, agents, volunteers, servants and employees. I give permission to SkillsUSA to use these photos, videos or sound recordings without seeking further permission. I understand that my name may not appear with my photo, video or sound recording when used.

Further, I relinquish to SkillsUSA Missouri, SkillsUSA Inc., Missouri Department of Elementary & Secondary Education, and the State of Missouri, its representatives, agents, volunteers, servants and employees 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 SkillsUSA Missouri, SkillsUSA Inc., Missouri Department of Elementary & Secondary Education, and the State of Missouri, its representatives, agents, volunteers, servants and employees 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 participate or perform under camera, lighting and stated conditions is voluntary. I waive all personal claims, causes of action or damages against SkillsUSA and its employees or volunteers arising from such a performance or appearance.

NOTE: I understand that audio or videotaping of conference speakers by conference participants is not permitted.

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

**THIS FORM MUST BE FULLY COMPLETED AND PROPERLY SIGNED AND RETURNED TO THE STUDENT'S ADVISOR!**

STUDENT INFORMATION			
SCHOOL		ADVISOR	
PARTICIPANTS FULL LEGAL NAME (first, middle, last)			
AGE	BIRTHDATE (month / day / year):	SHIRT SIZE:	
HOME ADDRESS			
CITY	STATE: MO	ZIP	
HOME TELEPHONE NUMBER (include area code)		EMAIL (optional)	

PARENT/GUARDIAN & MEDICAL INFORMATION			
NAME OF PARENT/GUARDIAN		FAMILY PHYSICIAN	
HOME PHONE	CELL PHONE	PHYSICIAN'S PHONE NUMBER	
HOME ADDRESS		DO YOU HAVE ANY KNOWN ALLERGIES? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, please list:	
CITY	STATE	ZIP	
WORK PHONE:	E-MAIL ADDRESS:		
NAME OF PERSON RESPONSIBLE FOR PARTICIPANT'S MEDICAL BILLS (Guarantor):		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:	
GUARANTOR'S RELATIONSHIP TO PARTICIPANT:		ARE YOU TAKING MEDICATION? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, please list what kind:	
INSURANCE COMPANY		DO YOU HAVE ANY PHYSICAL RESTRICTIONS? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, please explain:	
INSURANCE COMPANY'S ADDRESS			
CITY	STATE	ZIP	
INSURANCE PLAN NUMBER		Check "yes" if participant has a disability that meets Yes criteria specified in the Americans with Disabilities Act(ADA). <input type="checkbox"/> If checked yes, please contact your advisor with further information.	
INSURANCE GROUP NUMBER		<p><b>By signing below, I do hereby agree to abide by the Personal Liability and Medical Release, the Code of Conduct, and the Photography and Sound Release agreements in their entirety and completely release SkillsUSA Missouri, SkillsUSA Inc., Missouri Department of Elementary &amp; Secondary Education, and the State of Missouri, its representatives, agents, volunteers, servants and employees from liability for any injury or death to the named person, resulting from any cause whatsoever occurring to the named person at any time while attending/traveling to any SkillsUSA Conference or event.</b></p> <p><i>I hereby authorize the Missouri Department of Elementary and Secondary Education to publish and make publicly available information that may otherwise be considered "personal information" within the meaning of State Statue RSMo 105.1500/ Such information may include name, photographs, school name and Career and Technical Student Organization involvement on the SkillsUSA Missouri website, conference apps, or social media accounts.</i></p>	
INSURANCE COMPANY PHONE NUMBER:			
<p><b>BY SIGNING BELOW, YOU ARE AGREEING TO BE RESPONSIBLE FOR PAYMENT OF ANY AND ALL MEDICAL SERVICES RENDERED.</b></p> <p>_____ Signature of Parent/Guardian</p>			
PARTICIPANTS –		Signature of Participant _____ Date _____	
CHECK HERE IF YOU ARE OVER AGE 18 AND ATTEST: <input type="checkbox"/>		Signature of Parent/Guardian _____ Date _____	