

# SKILLSUSA UTAH

## Personal Information Release, Photography and Sound Release, Personal Liability Release, Medical Release, and Code of Conduct Agreement (Adopted 1/2/18)

### Personal Information Release

I understand that by signing this form, I give my permission to SkillsUSA, Inc. and SkillsUSA Utah to use my personal information to complete essential organizational activities, such as, but not limited to: membership registration, SkillsUSA Utah event registrations, National SkillsUSA event registrations, airline flight reservations, hotel room reservations, sharing personal contact information with industry and school representatives for the purpose of awarding scholarships and/or industry prizes, providing student names to education and industry representatives during leadership/competitive events, and other essential/necessary SkillsUSA related activities. Student contestants will be required to login to a secure on-line testing site (<https://www.flexiquiz.com/>), and receive online testing information from [admin@flexiquiz.com](mailto:admin@flexiquiz.com), and/or [info@flexiquiz.com](mailto:info@flexiquiz.com) for the purpose of completing a tie-breaker SkillsUSA knowledge test prior to the SkillsUSA Utah Leadership and Skills Conference. Some student contestants will be required to use this testing site to complete their state contest written examinations.

My signature and/or my parents signature below acknowledges my understanding of this statement, and authorizes the use of my personal information for these purposes.

### Photography and Sound Release

I hereby grant permission for SkillsUSA, Inc. and SkillsUSA Utah to make still and motion pictures and sound recordings, separately or in combination, and also give a production company approved by SkillsUSA, Inc. and/or SkillsUSA Utah permission to use the finished silent or sound pictures and/or sound recordings as deemed necessary. I understand that my name may or may not appear with my photo, sound picture or sound recording.

Further, I hereby relinquish to SkillsUSA, Inc. and/or SkillsUSA Utah 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 originals, negatives, recording duplicates and prints, and further, grant SkillsUSA, Inc. and/or SkillsUSA Utah 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. I do hereby waive all personal claims, causes of action or damages against the national and Utah SkillsUSA organizations and the employees and volunteers thereof arising from a performance or appearance.

Audio or video-recording of event speakers/presenters by unauthorized event participants at either national or Utah SkillsUSA events is strictly prohibited.

### Personal Liability and Medical Release

I hereby agree to release SkillsUSA, Inc., and SkillsUSA Utah, their representatives, agents, servants, employees and volunteers from liability for any injury to the named person, resulting from any cause whatsoever occurring to the named person at any time while attending any national or state level SkillsUSA event, including travel to and from these SkillsUSA events, excluding only such injury or damage resulting from the willful acts of representatives, agents, servants, employees or volunteers. I voluntarily assume all risk and danger relating to the SkillsUSA events, whether occurring prior to, during or after the SkillsUSA events.

I do voluntarily authorize the national or state level SkillsUSA Utah medical services coordinator, 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 professional 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., SkillsUSA Utah and said medical services coordinator 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.

Note: If you are age 18 or older, this fact must be indicated on this form. All persons under the legal age must have a parent or guardian sign and date this form. Students that fail to submit a properly signed and dated release form will not be allowed to participate in any SkillsUSA events, regardless of membership status.

### Code of Conduct

National SkillsUSA and SkillsUSA Utah events and activities are designed to be educational functions, and all plans are made with this objective. SkillsUSA, Inc. and SkillsUSA Utah want every person to have enjoyable experiences with every attention paid to safety and comfort. All participants will be expected to conduct themselves in a manner best representing SkillsUSA as the nation's greatest student organization.

For everyone to receive the maximum benefits from participation in all SkillsUSA activities, SkillsUSA's "Code of Conduct," as established by its national board of directors, must be followed at all times.

Note that participation in all SkillsUSA activities is not mandatory. By voluntarily participating, you agree to follow the official event 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 reaffirming your dedication to be the best possible representative of the SkillsUSA organization.

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 other hotel sleeping 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 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 state association 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 state association 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 event sessions and activities.
12. I will adhere to the designated dress code at all times.

**Violations and Penalties**

I agree that if, for any reason, I am in violation of any of the rules, policies or procedures for SkillsUSA events, I may be brought before the appropriate disciplinary 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 will increase with the severity of the violation, even to the extent of being immediately sent home at my own expense.

1. Violations of Items 1 through 6 of the "Code of Conduct" will be grounds for immediate disqualification, removal from the event and relinquishment of all 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, the participant's educational institution administration and in the case of a "minor" student, the participant's parents or guardians. The participants from the participant's school and/or state could be disqualified as well.
2. Violations of Items 7 through 12 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, the participant's educational institution administration and in the case of a "minor" student, the participant's parents or guardians. Repeated violations of Items 7 through 12 may result in the participant being sent home at his/her own expense.

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 national SkillsUSA and SkillsUSA Utah events are educational activities 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.

Please legibly print the Participant's name: \_\_\_\_\_

**For participants 18 years old or older:**

I attest that I am 18 years old or older as of the date shown on this document. My signature confirms that I have read and understand all of the provisions described in this document. I agree to release SkillsUSA, Inc. and SkillsUSA Utah from all liability as described in the Personal Liability, Medical Release, and Photography/Sound Release sections of this document. Furthermore, I agree to allow SkillsUSA, Inc. and SkillsUSA Utah to use my personal information to complete essential organizational activities as described in the Personal Information Release section of this document. I agree to abide by the rules, policies and procedures as described in the "Code of Conduct" section of this document. It is within the spirit of being a proud and meaningful member of SkillsUSA that I agree to voluntarily sign this document.

Participants Signature: \_\_\_\_\_ Date \_\_\_\_\_

**For participants under the legal age of 18 years old:**

I attest that I am the parent or guardian of the participant listed above on this document. I have read and understand all of the provisions described in this document. I agree to release SkillsUSA, Inc. and SkillsUSA Utah from all liability as described in the Personal Liability, Medical Release, and Photography/Sound Release sections of this document. Furthermore, I agree to allow SkillsUSA, Inc. and SkillsUSA Utah to use my students' personal information to complete essential organizational activities as described in the Personal Information Release section of this document. I agree to review and discuss the rules, policies and procedures described in the "Code of Conduct" section of this document with my student and I will fully support any disciplinary action deemed necessary if my student violates any of these rules, policies or procedures. It is within the spirit of allowing my student to be a proud and meaningful member of SkillsUSA that I agree to voluntarily sign this document.

Please legibly print your name: \_\_\_\_\_  
(Parent or Guardian)

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