

Personal Liability / Medical Release / Photograph Release

All children, students, and adults who attend any conference require this form. No conference attendee is allowed to participate unless this form is received. Parents and chapter advisors: Please make a copy of this completed form for your records.

Name _____ Home telephone _____

Home street address _____ City/State/Zip _____

Date of Birth _____

Advisor _____ School _____

School telephone _____ School street address _____

City/state/zip _____

MEDICAL INFORMATION (children and students only)

1. Allergies (drug or otherwise) _____

2. Current medication _____

3. Describe any history of heart condition, diabetes, asthma, epilepsy, or rheumatic fever, etc.

4. Physician's name _____ Physician's telephone _____

5. Insurance Company _____ Plan Number _____

6. Group Number _____ Date of last tetanus shot _____

7. Emergency Contact: _____ Phone number: _____

"I hereby agree to release SkillsUSA Ohio, its representatives, agents, servants and employees from liability for any injury to above named person at any time while attending the SkillsUSA Ohio activities, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants, and employees."

"I do voluntarily authorize local chapter advisors, state advisor, state director, assistants and/or designees to administer and/or obtain routine or emergency medical treatment for the above-named person as deemed necessary in medical judgment."

"I agree to indemnify and hold harmless SkillsUSA Ohio and/or assistants and designees for any and all claims, demands, actions, rights of action, or judgments by or on behalf of the above named person arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards."

"I hereby authorize any physician member of the Department of Emergency Medicine of an accredited hospital or any member of the medical staff of an accredited hospital to render medical treatment, which in his/her judgment is deemed necessary in the care of the above named person (child or student) while attending the SkillsUSA Ohio activity, including time traveling to and from the conference."

"I permit SkillsUSA Ohio to use video footage and photographs of my child for publicity that might include but is not limited to: website, powerpoint presentations, promotional videos, flyers or news publications."

Signature of parent or guardian (if child or student)

Date

Participant's or advisor's signature

Date

A COPY OF THIS FORM MUST BE KEPT BY THE CHAPTER ADVISORS AT THE CONFERENCE AND GIVEN TO APPROPRIATE MEDICAL AUTHORITIES IN THE EVENT OF A MEDICAL EMERGENCY.