



NLSC REGISTRATION, PERSONAL AND LIABILITY RELEASE FORM

Please read over this entire form. Then, complete the *entire* form. Type or print clearly.

- Participants must wear their name badge *at all times* during the conference.
- They should also carry a copy of their medical insurance card at all times.

1 Complete this entire section.

Participant's HOME address is required. Do not use the school address as a home address.

Email address is required. Conference information will be sent electronically.

SkillsUSA State Association:			Parents' /Guardians' Names (if participant is under age 18):		
Check one:	<input type="checkbox"/> High School Division (Secondary)	<input type="checkbox"/> Middle School Division	Parents' Telephone Number (area code required): ()		
<input type="checkbox"/> College/Postsecondary Division			Name of SkillsUSA Advisor for participant's occupational area:		
Participant's Name (First, Last) as it should appear on name badge:			School where participant's occupational training/trade area is taught:		
Participant's HOME Address:	Mailing Address of above school:				
City:	State:	ZIP Code:	Mailing Address of above school:		
HOME Telephone (area code required): ()	CELL Phone (area code required): ()	City:	State:	ZIP Code:	
Age:	Date of Birth (MM/DD/YY):	Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female	School Telephone Number (area code required): ()		
EMAIL address (to receive important instructions/contest updates before conference):			Participant's T-shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X <input type="checkbox"/> 5X		

2 Contestants *only*, complete this section.

All others, complete this section.

Check: <input type="checkbox"/> Contestant	Contest in which competing:	
Graduation Year:	Occupational Training/Trade Area in which contestant is enrolled:	
Check one: <input type="checkbox"/> Advisor (Teacher)	<input type="checkbox"/> State Association Director	<input type="checkbox"/> Observer (Student, Family, Child, Other, Etc.) _____
<input type="checkbox"/> Voting Delegate	<input type="checkbox"/> State Office	

3 Complete this on-site emergency contact/ADA information.

Name of Teacher/Adult chaperoning participant at conference:	Check YES if participant has a disability that meets criteria specified in the Americans with Disabilities Act (ADA): <input type="checkbox"/> YES
ON-SITE Telephone Number of teacher/adult chaperone (area code required): ()	Check YES if participant has dietary restrictions: <input type="checkbox"/> YES
	Check YES if participant needs education accommodations <input type="checkbox"/> YES

4 Complete the signature to signify the participant's agreement to ALL statements on both sides of this registration form.

I have read and completely understand the Personal Liability and Medical Release Form, the Code of Conduct, the Release of Personal Information Through Lead Retrieval System statement, and the Photography and Sound Release agreement, and, by signing below, do hereby agree to abide by these in their entirety, accept the conditions of the agreements, and completely release SkillsUSA's national and state associations. I have provided all necessary medical information to the adult chaperon at this event so that this person may act on my behalf in case of a medical emergency.

PARTICIPANTS — PLEASE SIGN BELOW IF YOU ARE OVER AGE 18 AND ATTEST:	
_____ Signature	_____ Date
_____ Full Name (Please Print)	
PARENT / GUARDIAN / CHAPERONE — SIGN BELOW TO ATTEST (MANDATORY IF PARTICIPANT IS UNDER AGE 18):	
_____ Signature	_____ Date
_____ Full Name (Please Print)	

SkillsUSA Personal Liability and Medical Release Form

I hereby release SkillsUSA Inc., its representatives, agents 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 this SkillsUSA conference, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of SkillsUSA representatives, agents or employees. I voluntarily assume all risk and danger relating to the conference, whether occurring prior to, during or after the event.

I voluntarily authorize the SkillsUSA conference medical services coordinator 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. Any further treatment will require parental/guardian consultation.

I agree to indemnify and hold harmless SkillsUSA Inc. and its medical services coordinator and/or 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 medical procedures or treatment rendered in good faith and according to accepted medical standards.

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 have read and understand the SkillsUSA Code of Conduct. I agree to follow all policies, procedures and practices as stated. I understand that this is an educational activity and I will apply myself for the purpose of learning at all times and uphold the finest qualities of SkillsUSA members.

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, malfunctions 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.

If you are age 18 or over, please check the box on the first page of this form to indicate that. Anyone under 18 must have a parent or guardian review this form and check the box on the first page. If a box is not checked, this form will be returned. All participants must submit this form to participate.

Release of Personal Information Through Lead Retrieval System

Participant name badges at any SkillsUSA national or state conference may include a barcode that includes personal information. I understand that by giving my verbal permission to vendors and staff associated with the conference, my information may be used for follow-up after the conference. Personal information may include my name, email address, mailing address, training program or contest area. By checking the box on the other side, I acknowledge my understanding of this statement and give consent for contact.

SkillsUSA Conference Code of Conduct Agreement

This SkillsUSA national or state 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 inclusion and safety. All conference participants are expected to conduct themselves in a manner that is exemplary at all times and best represents SkillsUSA. For everyone to receive the maximum benefits from participation, SkillsUSA's "Code of Conduct," as established by its 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 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, harassment or acts of bias against others including threatening words or behavior;
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 SkillsUSA director informed of my whereabouts at all times.
12. I will, as required, wear my official conference identification badge and not misrepresent myself by wearing the badge of another participant.
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 specified conference dress code at all required times.
15. **Virtual Events:** 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.

Reporting

Any individual who believes that they have experienced bias or harassment while participating in a SkillsUSA event may report the incident online using the SkillsUSA Report Form, or directly to a SkillsUSA national staff member. All reports will be addressed in accordance with SkillsUSA's related procedures.

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 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 may 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 11 of the "Code of Conduct" may be grounds for immediate removal from an elected office and possible 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 15 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 15 may result in the participant being dismissed from the conference (virtual or in-person) and sent home at their 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 Sound Release

By attending this conference, I grant SkillsUSA and its production companies permission to photograph me, videotape me or make audio recordings of my voice, separately or in combination, and 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 all rights, title and interest in any photographs, videos or sound recordings of me and I grant

SkillsUSA the exclusive right to exhibit, publish, give or transfer photographs, videotape or audio recordings to any individual, business and industry partner, publication, media outlet or governmental agency, or 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.

ADA, EDUCATION AND DIETARY ACCOMMODATIONS FOR NLSC

SkillsUSA is committed to providing an inclusive environment at every event for all attendees, which includes providing reasonable accommodations and proactively ensuring our spaces are free of physical, communication and other barriers so all individuals can meaningfully participate. Review our national event accessibility accommodations at: www.skillsusa.org/events/accessibility/

ADA Accommodations

Use this field to request specific accessibility accommodations:

Accessibility Accommodations Request Details

- ADA accessible hotel room
- Assistive mobility device (wheelchair, scooter)
- ADA transportation between event sites and hotel
- Accompanied by a personal assistant, attendant or interpreter
- Accompanied by a service animal

Educational Accommodations (Student)

SkillsUSA will adhere to documented accommodations as directed under a current and valid education plan from a School or College, including IEP, Section 504, English Language Plan, and/or Health Plans. No accommodation may be utilized that substitutes for a competitor's knowledge or skills, or that fundamentally alter the nature of the event.

Use this field to request specific educational accommodations:

- Participant has a Health Plan, which may include medications and/or a physician's Plan of Care
- Participant will use an individually prescribed device (auxiliary aids, adaptive devices, etc.). [NOTE. Students and LEAs/Colleges are strongly advised to bring prescribed devices used in the classroom with them]
- Participant will bring a bilingual dictionary (word-to-word, without definitions)
- Translation app (digital)
- Translation of directions

Dietary Accommodations

Food Allergies

Please indicate food allergies. SkillsUSA will partner with vendors to provide clear signage on ingredients in food whenever possible. In the case of life-threatening food allergies that may require intervention, please email accessibility@skillsusa.org with further details.

- Dairy
- Gluten-Free or Celiac
- Peanut or Tree nuts
- Shellfish

Dietary Restrictions

Please indicate dietary restrictions. SkillsUSA will do everything possible to meet dietary restrictions where possible when catering meals and will clearly indicate whenever meal options are otherwise limited.

- Vegetarian
- Vegan