**Policies, Procedures, Releases, Conduct, Covid-19**

**Please ensure that these Policies, Procedures, Releases, Conduct,**

**Covid-19 documents are available to all participants, parents, etc.**

**CONSENT AND RELEASE FORMS**

* **By checking the “attest” box** at the bottom of the online registration form, every attendee/ parent/guardian agrees to the Code of Conduct, Photography and Sound Release, Medical Consent and Covid-19 policies/protocols & conditions outlined below and [on our website](http://www.skillsusanc.org/).
* Checking the “attest” box also indicates parental permission for the student to attend and participate in the event if the student is under 18. By checking this box, SkillsUSA North Carolina has the understanding that you have informed the parents of the activities the student will be participating in and that they are aware of the information listed below and on our website. If the “attest” box is not checked, the student will not be allowed to participate in the conference.
* **Also, all medical, insurance, and parental contact information need to be filled out completely online on each participant’s conference registration page.** The information below should be sent home to the parents of your students, so they are aware of what they are agreeing to.

**PERSONAL LIABILITY RELEASE**

**As a parent/guardian/Individual:**

* I hereby agree to release SkillsUSA Inc. North Carolina, 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 participating in a SkillsUSA North Carolina function. I voluntarily assume all risk and danger relating to the conference, whether occurring prior to, during or after the event.
* I do voluntarily authorize SkillsUSA Inc. North Carolina and its designees to administer and/or obtain routine or emergency diagnostic procedures and/or routine 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 allow my child to participate and engage in Live online Videoconferencing (Zoom/ Webex/Teams/other) as may be required for orientations or other pre-conference activities.
* I agree to indemnify and hold harmless SkillsUSA Inc. North Carolina and said 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.

**PHOTOGRAPHY AND SOUND RELEASE**

* I hereby grant SkillsUSA North Carolina permission to make still or motion pictures and sound recordings, separately or in combination, and also give a production company (approved by SkillsUSA North Carolina) permission to use the finished silent or sound pictures and/or sound recordings as deemed proper.
* I also hereby relinquish to the SkillsUSA North Carolina all rights, title, interest, and income from the finished sound or silent motion pictures, still pictures, and/or sound recordings, negatives, print, reproductions, and copies of the originals, negatives, recording duplicates and prints, and further grant SkillsUSA North Carolina the right to give, sell, transfer, and/or exhibit the same to any individual business firm, publication, television station, radio station or network; or government agency, or to any of their assignees, without any payment or consideration to me.
* My agreement to perform under camera, lighting, and stage conditions is voluntary and I do hereby waive all personal claims, causes of action, or damages against SkillsUSA North Carolina and the employees thereof, arising from a performance or appearance.

**MEDICAL CONSENT**

* It is understood that the student will be chaperoned both while traveling to and during the SkillsUSA North Carolina State conference by his/her local SkillsUSA advisor(s), and that normal precautions will be taken in the interest of his or her safety and well-being.
* We agree that the SkillsUSA North Carolina State Association, State Staff, or their designee(s) will not be held responsible for any accident or injury, which might occur in connection with the SkillsUSA North Carolina State Conference.
* We also give consent to SkillsUSA North Carolina for medical treatment in case of an emergency requiring a doctor’s care and/or hospitalization and provide you with the pertinent medical information.

**COVID-19 POLICIES & PROTOCOLS**

* Please refer to our website at [SkillsUSAnc.org (State Conference)](https://www.skillsusanc.org/copy-of-state-conference) for most recent and continually-changing Covid 19 policies & procedures for the SkillsUSA NC State Conference.
* You may also consult the CDC Covid-19 site - <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
* Please read the Covid-19 Acknowledgement on the next page. **Registering for the conference indicates participant’s agreement to the COVID-19 Health & Safety Expectations.**

**COVID-19 ACKNOWLEDGEMENT**

SkillsUSA North Carolina events are offered in-person pursuant to local government orders permitting such gatherings. SkillsUSA North Carolina requires all attendees and staff to comply with safety precautions specified in the federal, state, and local governments, as well as current CDC guidelines. Any person disclosing or exhibiting symptoms of COVID-19, or knowingly exposed to the disease, will be refused admittance to the in-person event. Any person refusing to comply with required safety protocols will be required to leave the event at their own expense. Completing registration and attending indicates your acknowledgement and acceptance of the following terms and conditions:

* I will not travel/attend if I knowingly have been exposed to anyone testing positive or exhibiting symptoms of COVID-19 (based on current CDC guidance). I will not travel/attend if any member of my household has been exposed or tested positive within 10 days of the event.
* I will not travel/attend if I have myself tested positive or presented any of the symptoms of COVID-19 listed below. I will not enter the event if I am experiencing any signs or symptoms of COVID-19. I acknowledge that common symptoms of COVID-19 include: Fever (temperature of 100.4 or higher), Chills, Cough, Shortness of breath or difficulty breathing, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, or Diarrhea.
* I will immediately isolate myself and leave the event and notify SkillsUSA staff if I, or someone I have been in close contact with, is exposed to COVID-19, exhibits COVID-19 symptoms, or receives a positive COVID-19 test result.
* I expressly agree to fully comply with appropriate COVID-19 health and safety measures and protocols set for attendance at the event, including adhering to CDC guidelines and applicable state and local requirements related to the wearing of face masks, temperature checks, maintaining appropriate social distance, and other requirements.
* While in attendance at the event, I will make every effort to always maintain CDC-recommended hygiene procedures, including following the guidelines for frequent handwashing (or suitable hand sanitizer), avoiding touching my eyes, nose and mouth in public places, and covering coughs or sneezes with a tissue or inside my elbow.

**ASSUMPTION OF RISK**

The COVID-19 virus continues to spread through person-to-person contact and other means, and people can reportedly spread the disease without showing symptoms. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness, or even death. Therefore, by choosing to participate in the event, you may be exposing yourself or increasing your risk of contracting or spreading COVID-19, despite safety precautions. In exchange for participating in the event, I hereby willingly accept the associated risk of contracting or spreading COVID-19.

**WAIVER OF LIABILITY**

I hereby release and waive my right to bring a suit against SkillsUSA North Carolina Inc and SkillsUSA Inc, and, including but not limited to, its officers, directors, managers, officials, trustees, agents, employees, volunteers, and/or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to my participation in the in-person event. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, based on claims of negligence.

**Registering for the conference indicates your agreement to the above COVID-19 Health & Safety Expectations.**

**CODE OF CONDUCT**

Please read the entire code and make sure students are aware that by registering for state conference they agree to abide by the entire code of conduct and are aware of the penalties if they are in violation of the code.

SkillsUSA wants every person to have an enjoyable experience with maximum attention on safety and comfort. All participants will be expected to conduct themselves in a manner best representing the nation’s greatest student organization.

In order that everyone may receive maximum benefits from their participation, the “Code of Conduct,” as established by SkillsUSA North Carolina Association, must be adhered to at all times.

It should be noted that attendance is voluntary, not mandatory, and as such you agree to abide by the official SkillsUSA rules and regulations or forfeit your personal rights to attend and participate. We are proud of our students and know that by agreeing to this “Code of Conduct” you are simply reaffirming your dedication to be the best representative of your state possible.

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 remain in a sleeping room of the opposite sex unless the door is completely open at all times.
5. I will refrain from the use of alcoholic beverages and drugs. If I have been ordered to take prescription drugs by a licensed physician, I will, at all times, have the orders of the physician on my person.
6. I will not leave the hotel/motel to which I am assigned without the expressed permission of my SkillsUSA Advisor (and/or assigned school chaperone). Should I receive such 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 SkillsUSA Advisor (and/or assigned school chaperone) informed of my whereabouts at all times.
9. I will at all times required, wear my official identification badge.
10. I will respect the Official SkillsUSA dress by not using tobacco products.
11. I will promptly attend **all** general sessions and other activities for which I am assigned and registered.
12. I will adhere to the dress code at all times as required. No revealing clothing, sagging pants, or clothing with profane language, inappropriate graphics, or derogatory comments.
13. I will keep public online activity (i.e. facebook, Instagram, Twitter, SnapChat, email, etc.) professional at all times and refrain from inappropriate, derogatory, or harmful communication.

***Note: In addition to the requirements of this code of conduct identified by SkillsUSA North Carolina, all local School code of conduct must be followed. This activity/event is an extension of the local school program and is not intended to supersede or replace local policy.***

**VIOLATIONS AND PENALTIES -** Violations of the Code of Conduct may be grounds for actions that include a warning, reprimand, disqualification, removal from office or competition, and/or relinquishment of awards & recognitions. The violator may be sent home at his or her own expense. Proper notification of the violation and action taken may be sent to the North Carolina Department of Public Instruction, advisor, school, and parents or guardians.

**Personal Liability / Medical Release**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT’S MEDICAL INFORMATION**

Allergies (food, drug, other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Current medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe any history of heart condition, diabetes, asthma, epilepsy, etc. \_\_\_\_\_\_\_

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“I hereby agree to release **SkillsUSA North Carolina**, its representatives, agents and employees from liability for any injury to above named person at any time while attending any SkillsUSA event, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of such representatives, agents and employees.”

“I do voluntarily authorize my 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 North Carolina and my school 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 any SkillsUSA event, including time traveling to and from the conference.”

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Signature of parent or guardian Date

***\*\* PARENTS:*** *Completion of this form is Voluntary and for the benefit of your child.*

***\*\* ADVISORS:*** *Copies of this form should be kept on the student AND with the chapter advisor at the conference, and given to appropriate medical authorities in the event of a medical emergency.*

**Personal Liability / Medical Release**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT’S MEDICAL INFORMATION**

Allergies (food, drug, other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Current medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe any history of heart condition, diabetes, asthma, epilepsy, etc. \_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian Date

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