

## SkillsUSA Georgia

### Personal Liability / Medical Release / Photograph Release

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

Name \_\_\_\_\_ Home telephone \_\_\_\_\_

Home street address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ 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 Georgia, its representatives, agents, servants and employees from liability for any injury to above named person at any time while attending the SkillsUSA Georgia State Leadership and Skills Conference, 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 SkillsUSA Georgia 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 National SkillsUSA, SkillsUSA Georgia 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 Georgia activity, including time traveling to and from the conference."

"I permit SkillsUSA Georgia 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 STATE AND CHAPTER ADVISORS AT THE CONFERENCE AND GIVEN TO APPROPRIATE MEDICAL AUTHORITIES IN THE EVENT OF A MEDICAL EMERGENCY.**