



***2017 Summer Leadership Camp
Hocking College
July 10-14, 2017***

The SkillsUSA Ohio Summer Leadership Camp is open to all students who have at least one year of high school remaining. Each school must send an advisor with their students. All students and advisors are required to complete and sign the code of conduct and have emergency medical information with them at the conference. Each Chapter Advisor attending the conference will keep this information on file while at the event. Please reproduce this form for each student and advisor who will be attending camp. The school should then enter this information into the www.skillsusa-register.org website under Summer Leadership Camp. Make sure you change the event filter from National Leadership and Skills Conference to Summer Leadership Camp before entering registration.

The cost for camp is \$275.00 for students and advisors. This cost includes lodging, meals, a camp T-shirt, workbook, and all leadership materials. Form C must be completed with a purchase order number and sent to SkillsUSA Ohio by June 9th. There will be no refunds for cancellations made after July 1, 2017. All schools that send campers must have an advisor attending camp. **Upon receipt of your registration, confirmation will be sent to all registered. All campers must be in good standing with their school and maintain a grade "C" average or better.**

There will be a Summer Leadership Camp Planning Meeting on Monday June 5, 2017, from 10:00 am until 2:00 pm for those advisors wishing to help plan activities for the week. The meeting will be held at the Holiday Inn Express, 4899 Sunbury Road, Columbus, Ohio 43230. **One Advisor who attends this meeting will receive a voucher to cover their registration fee.** Please RSVP to Tamyra.plotts@education.ohio.gov by May 26 if you are planning to attend this meeting with your name, school, email address and phone number.

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



SkillsUSA Ohio - Personal Liability and Medical Release and Code of Conduct Form

Student Name _____

School _____

Advisor Attending Conference _____

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

I do voluntarily authorize the SkillsUSA Ohio Director, assistants and/or designees in coordination with the school 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 Ohio and said Director 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.

Having read and understood completely the "Code of Conduct" of SkillsUSA Ohio, I do hereby agree to follow the procedures and practices described. I fully understand that this is an educational activity 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 Ohio.

Audio- or videotaping of conference speakers is not permitted.

NOTE: All persons under legal age must have a parent or guardian sign this form (see other side). If you are age 18 or older, please indicate that on other side of this form. Otherwise, this form will be returned for parent/guardian approval. All participants must check this form.

Code of Conduct Agreement

SkillsUSA Ohio's Summer Leadership Camp is designed to be an educational function, and all plans are made with that objective. It is approved as a significant educational activity by the Ohio Trade and Industrial Supervisor Association and the Ohio Department of Education – Office of Career-Technical Education.

SkillsUSA Ohio wants every person to have an enjoyable experience with every attention paid to 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 the maximum benefits from participation, the "Code of Conduct," as established by SkillsUSA Ohio's 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 Ohio 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. Camper's conduct shall be the responsibility of School Advisor working with the State SkillsUSA Association.
2. Campers will strictly abide by the curfew established and shall respect the rights of others by being as quiet as possible after curfew.
3. Campers shall be prompt and prepared for all sessions and activities.
4. Campers shall keep their group leader/advisors informed of their activities and whereabouts at all times.
5. Campers shall wear identification wristbands at all times.
6. Campers shall not deface Hocking College property. Any damages to property or furnishings at Hocking College will be paid for by the individual camper.
7. Campers shall spend the nights at college in assigned dorm room.
8. Campers shall be prohibited from having alcoholic beverages or drugs in any form. Prescription drugs will be dispensed by the camp nurse/school advisor.
9. Campers shall not be permitted in dorm rooms other than the one assigned.
10. Campers shall not be permitted to smoke while at camp.
11. Campers shall not leave the camp unless permission from the camp director has been obtained.
12. Campers shall adhere to the dress code at all times.
13. Campers are required to wear shoes at all times.

Parental Permission Agreement

It is our desire for your son/daughter to enjoy their camp experience and profit to the greatest extent possible from it. The conference, in addition to the leadership training program, will have the usual recreational activities and the camp officials will exercise all reasonable precautions. However, the consent of you, as parents, is requested before your son/daughter will be permitted to participate in certain activities.

As parents, you are asked to fill in the following blanks including your signature:

1. Complete Code of Conduct.
2. Complete Personal Liability/Medical Release/Photograph Release.
2. Hocking College Release form is for the Climbing Wall only. If this form is not signed, your student will not be permitted to try the climbing wall.
4. In consideration of the camp management exercising reasonable and necessary precautions to safeguard the health and safety of my son/daughter, I hereby release Hocking College and Ohio SkillsUSA from responsibility for any injury which he/she may suffer while attending camp.

Signature of parent/guardian: _____ Date: _____

Address _____

City/State/Zip _____

Phone #: Daytime () _____ Evening () _____ Cell() _____

Local Physician's Telephone Number: () _____

Hocking College
Release and Waiver of Liability and Indemnity Agreement

In consideration of being permitted to enter the Hocking College Student Center for any purpose, including, but not limited to: observation, use of facilities or equipment, or participation in any way, the undersigned, for him/herself and any personal representatives, heirs, and next of kin hereby acknowledges, agrees, and represents that he or she has, or immediately upon entering, will inspect such premises and facilities. It is further warranted that such entry into the Hocking College Student Center for observation, participation or use of any facilities or equipment constitutes an acknowledgement that such premises and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for the purposed of such observation or use.

I understand that I am about to participate in an experience that may require a member of the Hocking College Student Center staff to provide transportation.

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO BRING LEGAL ACTION AGAINST The Hocking College Student Center or Hocking College, its President, Trustees, employees, agents or assigns (hereinafter referred to as “releases”) from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the Hocking College Student Center and/or while using the premises or any facilities or equipment hereon.

THE UNDERSIGNED further expressly agrees that the foregoing **RELEASE, WAIVER, AND INDEMNITY AGREEMENT** is intended to be as broad and inclusive as is permitted by the law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, AND FURTHER AGREES THAT NO ORAL REPRESENTATION, STATEMENT, OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

I HAVE READ THIS RELEASE IN ITS ENTIRETY AND ALL INFORMATION WITHIN IS TRUTHFUL AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

_____ Print Name	_____ Student ID #
_____ Signature	_____ Date

_____ Signature of Parent/Guardian for Applicants under age 18.	_____ 18 year old Signature
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*All applicants over age 18 must sign; one parent/guardian signature applies to all applicants under age 18.