



**PERSONAL LIABILITY and MEDICAL RELEASE FORM**

Read the other side of this form. Then, complete the entire form. Type or print clearly. You must wear your name badge to gain entry to conference functions.

**1** Complete this entire section.

Local TSA Chapter:			Parents' Names:		
Check one: <input type="checkbox"/> Level I (grades 6-9) <input type="checkbox"/> Level II (grades 9-12)			Parents' Telephone Number (area code required): ( )		
Participant's Name (First, Last) as it should appear on name badge:			Name of Teacher/Adult accompanying participant to conference, if applicable:		
Participant's Home Address:			School where your Technology Education course is taught:		
City:	State:	ZIP Code:	Mailing Address of above school:		
Home Telephone Number (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): ( )		

**2** Event Complete this section.

Check one: <input type="checkbox"/> Executive Board Meeting <input type="checkbox"/> State Officer Training <input type="checkbox"/> State Fall Leadership Conf. <input type="checkbox"/> State TSA <input type="checkbox"/> National TSA Conference <input type="checkbox"/> District Contest <input type="checkbox"/> Other (please specify)	Contest Abbreviation:	Contest Name:
	Events in which contestant is registered:	

All complete this section.

Check one: <input type="checkbox"/> Contestant <input type="checkbox"/> District Officer <input type="checkbox"/> Lead Chapter Advisor <input type="checkbox"/> Participant <input type="checkbox"/> Advisor (Teacher) <input type="checkbox"/> State Officer <input type="checkbox"/> Principal <input type="checkbox"/> Observer / Other
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**3** Emergency Information Complete this entire section.

Name of Person to Contact in event of emergency:		Family Physician:	Physician's Telephone Number: ( )
Contact Person's Telephone Number (area code required): ( )		Do you have any known allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes If "yes," please list:	
Contact Person's Street Address:			
City:	State:	ZIP Code:	Do you have a history of allergies, heart condition, diabetes, asthma, epilepsy, rheumatic fever or other existing medical conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes If "yes," please explain:
Name of Person Responsible for Your Medical Bills (Guarantor):			
Guarantor's Relationship to Participant:	Guarantor's Social Security Number (Optional):		
Guarantor's Employer:	Employer's Telephone Number: ( )		
Employer's Address:			
City:	State:	ZIP Code:	Do you have any physical restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes If "yes," please explain:
Insurance Company:			
Insurance Company's Address:			
City:	State:	ZIP Code:	When did you last have a tetanus shot?
If you do not have any medical insurance, sign here:			
Insurance Plan Number:			_____ <i>Signature of participant</i> <span style="float:right"><i>Date</i></span>
Insurance Group Number:			
Insured I.D. Number:			

**4** Photocopy your insurance card and attach the copy to the back of this form

If you don't have insurance sign where noted

**5** Sign the agreement

**PARTICIPANTS-**  
CHECK HERE IF YOU ARE OVER 18 AND CAN SIGN FOR YOURSELF:

Having read and understood completely the Personal Liability and Medical Release, the Code of Conduct, and the Photography and Sound Release agreements on the other side of this form, I, by signing at right, do hereby agree to abide by these in their entirety and completely release Missouri TSA, Inc.

\_\_\_\_\_  
*Signature of Participant* *Date*

\_\_\_\_\_  
*Signature of Parent or Guardian (mandatory if under age 18)* *Date*

## Missouri TSA Personal Liability and Medical Release Form

I hereby agree to release the Technology Student Association, Inc and the Missouri Technology Student Association, 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 a Missouri TSA activity as indicated on the other side of this page, including travel to and from the conference or activity, excepting only such injury or damage resulting from willful acts of representatives, agents, servants, and employees.

I do voluntarily authorize the Missouri TSA activity Medical Services Coordinator, assistants and/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 or guardians of the participant will allow **emergency medical treatment** to be administered as needed. Any further treatment will require parental or guardian consultation.

I agree to indemnify and hold harmless the Technology Student Association, Inc the Missouri Technology Student Association, and said Medical Services Coordinator 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 the Technology Student Association, Inc. 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 the Technology Student Association, Inc.

**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 the other side of this form. Otherwise, this form will be returned for a parent or guardian's signature. All participants must sign this form.

**PARTICIPANTS:** Be sure that you understand the "Code of Conduct." Any person violating these rules may be sent home at their own expense, may cause other participants or contestants from their school to be sent home, or may otherwise disqualify their chapter members from participating in a Missouri TSA Activity including the Missouri TSA State Conference.

### Code of Ethics Agreement

The Missouri TSA activities are designed to be an educational function and all plans are made with that objective. The Conferences represent Missouri TSA's most significant meetings of the year, many students attend from all over the state. It is approved as a major educational activity by the National Association of

Secondary School Principals and International Technology Education Association.

Missouri TSA 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 association.

In order that everyone may receive the maximum benefits from their participation, the "Code of Conduct," as established by the Missouri TSA Executive Board, 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. We are proud of our students and know that by signing this "Code of Conduct" you are simply reaffirming your dedication to be the best possible representative of your school and chapter.

- 1. I will, at all times, respect all public and private property, including the hotel or motel in which I am housed.**
- 2. I will spend each night in the room of the hotel or 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 the sleeping room of the opposite sex unless the door is completely open at all times, unless the person is my legal spouse.**
- 5. 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.**
- 6. I will not leave the hotel or motel without the express permission of my local chapter advisor. Should I receive 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 advisor or state TSA advisor informed of my whereabouts at all times.**
- 9. I will, when required, wear my official identification badge.**
- 10. I will respect official TSA dress and not smoke while wearing it.**
- 11. I will attend, and be on time for, all general sessions and activities that I am assigned to and registered for.**
- 12. I will adhere to the dress code at all required times.**

### Violations and Penalties

I agree that if, for any reason, I am in violation of any of the rules of the conference or activity I am attending, I may be brought before the appropriate discipline 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.

- Violations of Items 1 through 6 of the "Code of Conduct" will be grounds for disqualification, immediate removal from office or competition and 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 local school district administrator and parents or guardians. The participant's entire voting delegation could be unseated due to the violation, and the candidates or competitors from the participant's local school and chapter could be disqualified as well.
- Violations of Items 7 through 12 will result in a warning and reprimand. Notification of the violation and the action taken will be sent to the participant's local school district administration and parents or guardians. Repeated violations of Items 7 through 12 may result in the participant being sent home at his/her own expense.

It is within the spirit of being a proud and meaningful member of TSA that I agree to these rules of conduct by signing my name on the other side of this page.

### Photography and Sound Release

I hereby grant the Missouri Technology Student Association permission to make still or motion pictures and sound recordings, separately or in combination, and also give a production company approved by the Missouri Technology Student Association permission to use the finished silent or sound pictures, and/or sound recordings as deemed necessary.

Further, I so hereby relinquish to the Missouri Technology Student Association all rights, title, interest in, and income from the finished sound or silent motion pictures, still pictures, and/or sound recordings, negatives, prints, reproductions, and copies of the originals, negatives, recording duplicates and prints, and further grant the Missouri Technology Student Association the right to give, sell, transfer, and/or exhibit the same to any individual, business firm, publication, television station, radio station or network, or governmental agency, or to any of their assignees, without payment or other consideration to me.

My agreement to perform under camera, lighting, and stated conditions is voluntary and I do hereby waive all personal claims, causes of action, or damages against the Missouri Technology Student Association and the employees thereof, arising from a performance or appearance. MoTSA Form 1 11/26/01