**Permission, Personal & Liability Release Form**

**SkillsUSA Pennsylvania Western Region**

**2023 Fall Leadership Workshop**

**Seven Springs Mountain Resort, Champion, PA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Participant's Name |   |   | Name of Technical School |   |
|   |   |   |   |   |
| Home Address |   |   | School Phone Number |   |
|   |   |   |   |   |
| City | State | Zip Code | Advisor Name | Cell Phone |
|   |   |   |   |   |
| Age | Date of Birth |   | Advisor Name | Cell Phone |
|   |   |   |   |   |

**EMERGENCY INFORMATION**

|  |  |
| --- | --- |
| Name of person to contact in case of an emergency | Name of person responsible for participant's medical bills |
|   |   |
| Contact person's HOME number including area code | Participant's relationship to above: |
|   |   |
| Contact person's WORK number including area code | Does participant have any of the following medical conditions? |
|   | \_\_\_\_\_ Allergies |
| Contact person's CELL number including area code | \_\_\_\_\_ Heart Condition |
|   | \_\_\_\_\_ Diabetes |
| Name of 2nd contact person | \_\_\_\_\_ Asthma |
|   | \_\_\_\_\_ Epilepsy |
| Contact person's HOME number including area code | \_\_\_\_\_ Other existing medical condition |
|   | If any of the above are checked, PLEASE EXPLAIN |
| Contact person's WORK number including area code |   |
|   |   |
| Contact person's CELL number including area code |   |
|   |   |
|  | Does the participant take medication?  |
|  | If so, please list name and dosage. |
|  |   |
|  |   |
|  |   |

I have read the Responsibilities of Students, Student Code of Conduct and agree, by signing below, in case of accident, illness or injury, I will hereby authorize the club advisor to take the above named participant to a physician or emergency room of a hospital and that I will be contacted in the event of the afore mentioned.

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

Parent/Guardian Signature Date Participant Signature Date