PERSONAL LIABILITY RELEASE FORM

North Carolina Technology Student Association
2016 Regional Competitive Events Conference
February 26, 2016 - Appalachian State University, Boone, NC

Name of Student Participant:_____

Name of School:_____ Advisor:_____

NOTE: <u>EVERY STUDENT</u> MUST HAVE A COPY OF THIS FORM SIGNED BY PARENT OR GUARDIAN IN ORDER TO PARTICIPATE.

I hereby agree to release Appalachian State University and the North Carolina Technology Student Association, Inc., its representatives, agents, servants, and employees from liability for any injury to the above named person, resulting from any cause whatsoever occurring to the above named person at any time while attending the North Carolina Technology Student Association Western Region 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 the North Carolina Technology Student Association's Western Region Conference Chair, assistants and/or designee to administer and/or obtain routine or emergency diagnostic procedures and/or routine or emergency medical treatment for the above named person as deemed necessary in medical judgment.

I agree to indemnify and hold harmless the North Carolina Technology Student Association, Inc., Appalachian State University, said medical service coordinator and/or assistants and designees from any and all claims, demands, actions, or rights of action, on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

Having read and understood completely the "Student Code of Conduct" for the North Carolina Technology Student Association, Inc., I do hereby agree to follow the conduct 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 good qualities of a person representing the North Carolina Technology Student Association, Inc.

_____   _____
                       Participant   Date

_____   _____
            Parent or Guardian   Date

PUBLICITY: I agree to allow pictures of my child from this conference to be used for NC TSA and Appalachian State University promotional purposes.

_____   _____
            Parent or Guardian   Date

☐   **I DO NOT** give NCTSA the right to collect self- reported data, that will be used for educational purposes only, from my child.

Participants: please bring a signed copy of this form to the Conference