

Advisor Assurance Form  
SkillsUSA Iowa  
(for the Comprehensive Consent Form)

I, \_\_\_\_\_, Chapter Advisor for \_\_\_\_\_, verify that:  
(Name of Advisor) (SkillsUSA Chapter)

All conference-registered school representatives (including but not limited to students, instructors, advisors and observers) participating in SkillsUSA Iowa sponsored conferences, have completed the Comprehensive Consent Form.

The Comprehensive Consent Forms of all conference-registered school representatives (including but not limited to instructors, advisors and observers) will remain in my possession at all times during any SkillsUSA Iowa sanctioned conference.

I understand that, under no circumstances (other than those approved by the State Director or Corporate Member) I may not leave the conference premises for the entire duration of the conference. I agree to be the responsible party for my students and their actions.

I recognize and understand that SkillsUSA Iowa will NOT collect the Comprehensive Consent Forms of my conference-registered school representatives (including but not limited to students, instructors, advisors and observers). I also have communicated the complete contents of this signed Assurance page with all Conference-registered school representatives (including but not limited to students, instructors, advisors and observers).

\_\_\_\_\_  
(Signature of School Advisor) (Date) (E-mail)

\_\_\_\_\_  
(Signature of Principal/Director/Dean) (Date) (E-mail)

## Comprehensive Consent Form

This is to certify the named **Member/Participant** listed below has my permission to attend all SkillsUSA Iowa sponsored State Leadership Conference activities. I also release SkillsUSA Iowa, the school officials, the chapter advisors, conference staff, and SkillsUSA Iowa staff and volunteers from any claims for personal injuries/damages which might be sustained while (s)he is traveling to and from an event or during an SkillsUSA Iowa sponsored activity.

I authorize the below named **Educator/advisor** or SkillsUSA Iowa staff to secure the services of a doctor or hospital for the named **Member/Participant**. I will pay the expenses for necessary services in the event of accident or illness.

<b>Member/Participant Name</b>	Name: Age: DOB: Gender:
<b>Local Chapter (School) Name</b>	Name:
<b>Name of Educator/advisor/Supervising Member</b>	Name:
<b>Parent(s)/Guardian Name(s) &amp; Phone</b>	Name: Phone Number: Name: Phone Number:
<b>Emergency Contact Name/Phone Number</b>	Name: Phone Number:
<b>Member/Participant Home Address</b>	Address: City, State Zip:
<b>Swimming Permission</b>	<input type="checkbox"/> Yes, my child can/may swim <input type="checkbox"/> No, my child cannot swim/isn't permitted to swim
<b>Medical Information</b>	Known Allergies: Current Medication: Chronic Conditions: Physical Restrictions:

I have read and completely understand the **Personal Liability**, the **Code of Conduct**, **FERPA Directory Information**, and the **Photography, Video**, and **Sound Release** agreements, and by signing, do hereby agree to abide by these in their entirety, accept the conditions of the agreements, and completely release SkillsUSA Iowa's national, state, regional, and local associations. **NOTE:** All participants must sign this form.

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**Member/Participant Signature**

**Parent/Guardian Signature**

### **SkillsUSA Iowa Personal Liability**

I hereby agree to release SkillsUSA Inc. and SkillsUSA Iowa, 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 Iowa event indicated on the other side of this page, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of representatives, agents, servants and employees.

Having read and understood completely the "Code of Conduct" of SkillsUSA Iowa, 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 Iowa.

NOTE: All persons under legal age must have a parent or guardian sign this form (see other side). Otherwise, this form will be returned for a parent or guardian signature. All participants must sign this form.

### **Code of Conduct Agreement**

The SkillsUSA Iowa Leadership Conferences are designed to be an educational function and all plans are made with that objective. The Conferences represent SkillsUSA Iowa's most significant meetings of the year. SkillsUSA Iowa wants every person to have an enjoyable experience with every attention paid to safety and comfort. All participants will be expected to conduct themselves best representing the nation's greatest student organization. So that everyone may receive the maximum benefits from their participation, the "Code of Conduct," as established by the SkillsUSA Iowa 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 be in the sleeping room of the opposite sex.
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 adviser.
7. My conduct shall be exemplary at all times.
8. I will keep my adviser informed of my whereabouts at all times.
9. I will, when required, wear my official identification badge.
10. I will respect the official FBLA dress.
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 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.

1. Violations of Items 1 through 6 of the "Code of Conduct" will be grounds for disqualification, immediate removal from competition and relinquishment of awards and recognition. In addition, the violator will be sent home at their own expense. Notification of the violation and the action taken will be sent to the participant's local school district and parents/guardians. The participant's entire voting delegation could be unseated and the candidates or competitors from the participant's local chapter could be disqualified as well.

2. 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 SkillsUSA that I agree to these rules of conduct by signing my name on the other side of this page.

### **Photography, Video and Sound Release**

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

Further, I so hereby relinquish to the SkillsUSA Iowa 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 SkillsUSA Iowa 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 SkillsUSA Iowa and the employees thereof, arising from a performance or appearance.

I hereby authorize SkillsUSA Iowa to display my picture, school information (school, address and telephone number) and e-mail address on the SkillsUSA Iowa website.

## Family Educational Rights and Privacy Act (FERPA)

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that **SkillsUSA Iowa**, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child’s education records. However, **SkillsUSA Iowa** may disclose appropriately designated “directory information” without written consent, unless you have advised the **SkillsUSA Iowa** to the contrary in accordance with **SkillsUSA Iowa** procedures. The primary purpose of directory information is to allow **SkillsUSA Iowa** to include information from your child’s education records to higher education institutions, the military and SkillsUSA Iowa partners.

Who may receive directory information?	Purpose for which directory information may be used?
Higher Education Institutions	Scholarship opportunities, open house events, collegiate communications, admissions contact
Military Recruiters	Military opportunities, scholarship opportunities, ROTC programs
Additional SkillsUSA Iowa Partners	Internship, apprenticeship and job opportunities

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent’s prior written consent. Outside organizations include, but are not limited to, companies that partner with **SkillsUSA Iowa** for the promotion of college and career readiness. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965, as amended (ESEA) to provide military recruiters, upon request, with the following information – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student’s information disclosed without their prior written consent. **[These laws are Section 9528 of the ESEA (20 U.S.C. § 7908) and 10 U.S.C. § 503(c).]**

If you do not want **SkillsUSA Iowa** to disclose any or all of the types of information designated below as directory information from your child’s education records without your prior written consent, you must notify the **SkillsUSA Iowa** in writing 30 days before the event. **SkillsUSA Iowa** has designated the following information as directory information.

- **Student's name**
- **Telephone listing**
- **Electronic mail address**
- **Photograph**
- **Dates of participation**
- **Grade level**
- **The most recent educational agency or institution attended**
- **Student membership number used to communicate in electronic systems**