

NC FCCLA Skills Day  
At Johnson & Wales University – Charlotte Campus  
Friday, February 8, 2019

**PARTICIPATION WAIVER & RELEASE FORM**

As the parent and/or legal guardian of \_\_\_\_\_, I hereby release, indemnify and hold Johnson & Wales University (JWU) as well as the Family, Career and Community Leaders of America (FCCLA), any of their NC affiliated entities, officers, agents and employees harmless from any and all liability or claims which may arise out of or in connection with our child's participation in this program. I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her and or parent/guardian.

Misconduct at the event or in activities or locations related to or surrounding the event, may disqualify my child from further participation. Should any misconduct come to the attention of JWU Charlotte or FCCLA, the matter will be investigated, as they deem appropriate. Any decision and sanction as to appropriate action due to misconduct is at the sole discretion of the JWU Charlotte or FCCLA, and is final. By my child's involvement, he/she accepts this requirement as well as all other conditions of the program.

I hereby consent JWU Charlotte and FCCLA – including its representatives, successors or assigns, shall have the right to publish or use any, photographs, movie films, video tapes, digital images and/or sound recordings, submitted text, including recipes or any part thereof, they have taken or made of our child on this date or in which our child may have been included, for publicity, advertising, Internet usage or any other lawful purpose in conjunction with his/her own or a fictitious name or image, or in reproductions thereof in color.

I hereby waive all claims for any compensation for use or for damages. I hereby waive any right that I (we) may have to inspect and/or approve the finished product or the use to which it may be applied. I hereby warrant that I have the right to release and indemnify the JWU Charlotte or FCCLA as set forth above.

I state further that I (we) have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents thereof. I have read, understand and agree to comply with the information in this document.

This Release must be completed and signed before students attend NC FCCLA Skills Day on February 8, 2019.

**Date** \_\_\_\_\_  
**Name of Student** \_\_\_\_\_  
**High School** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_

**Student Signature** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_  
**Parent/Guardian Signature** \_\_\_\_\_

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**HEALTH & PERMISSION TO TREAT FORM**

Chapter Adviser: \_\_\_\_\_ School: \_\_\_\_\_  
*Must be completed for EVERYONE attending (including chaperones). This release must be completed and signed before guests attend NC FCCLA Skills Day on February 8, 2019.*

**Name of Delegate:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_

**Circle One:**     **State Officer**                      **Member**                      **Adviser**                      **Parent**                      **Guest**

Health Insurance Company: \_\_\_\_\_

Policy # (Required or Social Security Number): \_\_\_\_\_

Location of Insurance Card: \_\_\_\_\_

1. Contact in Emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

2. Contact in Emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**Medical Conditions / Known Allergies to be noted:** \_\_\_\_\_

The above delegate has my permission to attend NC FCCLA Skills Day. The local adviser and/or state staff (and designees) have my/our permission to obtain medical treatment for my/our son or daughter (or myself), if necessary. I shall indemnify and hold harmless Johnson & Wales University (JWU) as well as the North Carolina- Family, Career and Community Leaders of America, its officers and directors and employees, for loss or liability including reasonable attorney fees arising out of acts or omissions of myself in connection with all aspects of the event.

I understand that any obligation to settle any claims arising out of negligence or destruction of property during the event will be paid for by the individual responsible. If it becomes necessary for my/our son or daughter (or myself) to leave the meeting for disciplinary or medical reasons, I/we will assume responsibility for the return home.

Signature/s: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s) / Guardian(s)

I have read and agree to abide by the Delegates Code of Conduct.

Delegate Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# PUBLIC SCHOOLS OF NORTH CAROLINA

STATE BOARD OF EDUCATION Howard N. Lee, *Chairman*

DEPARTMENT OF PUBLIC INSTRUCTION June St. Clair Atkinson, ED.D., *State Superintendent*

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## PERMISSION TO USE PHOTOGRAPHS

Photographs are often taken during the North Carolina FCCLA State conference, meetings and activities. These may be used to develop educational or promotional materials, including, but not limited to, newsletters, flyers, videos, brochures, Power Point presentations, and other similar forms of communication. This form allows you to choose whether your photo may be used in such communications.

### CHECK ONE:

\_\_\_\_\_ I give permission to the North Carolina FCCLA Conference Leadership to take photos of my child and/or to share the photos with the Department of Public Instruction. These photographs taken in workshops or class will be used in curriculum materials or for promoting our program of studies. Further, I authorize their use without inspecting or approving the finished product or its specific use.

\_\_\_\_\_ No, I do not give permission for photos of me to be included in North Carolina FCCLA Leadership educational or promotional materials.

**Organization: North Carolina Family Career and Community Leaders of America**

Student Name \_\_\_\_\_

Home address \_\_\_\_\_

Home phone School phone \_\_\_\_\_

Parent E-mail Address : \_\_\_\_\_

Student Signature: Date: \_\_\_\_\_

Parent Signature: Date: \_\_\_\_\_