



# Permission and Medical Release Form

Western Region Leadership Conference (WRLC)

November 16-19, 2017 ~ Phoenix, AZ

## I. Student Member Permission and Release - Form A

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

High School: \_\_\_\_\_ Chapter Advisor(s) Name: \_\_\_\_\_

This is to certify that I am the parent/legally-authorized guardian of the above-named student (Student). I hereby give my permission for Student to attend the Western Region Leadership Conference (WRLC) in Phoenix, Arizona November 16 to November 19, 2017.

I hereby give the above-named advisor(s), the Chapter and/or State/Association DECA executive director, or his/her designee permission to authorize medical treatment for Student, as they deem reasonable or necessary, without additional permission from me. I agree to assume responsibility for all costs advanced by DECA in order to obtain medical care for Student.

If the above named advisor or his/her designee questions Student's use of alcohol and/or drugs at a DECA sponsored activity, they have my permission to mandate that Student take a breathalyzer test to determine their blood alcohol level. In addition, they have my permission to search the Student's person, possessions, and room for alcohol and drugs.

I consent to the use of Student's name and/or photographs in all DECA brochures, advertisements, web pages, and other publications approved by the Chapter DECA Advisors and/or State/Association DECA executive director or his/her designee.

Student and I have read and agree to abide by the supplied **Western Region Leadership Conference Conduct Code for Delegates**. (Further clarification of the conduct code can be found in the Western Region Leadership Conference Registration Guide, which is available at [www.wrlc2017.org](http://www.wrlc2017.org).) Should a conduct code violation occur, law enforcement personnel and/or security may be called to assist, and a conduct code committee may be called to determine the appropriate consequences. Consequences may include: disqualification; being removed from office if in officer status; and/or the involved student(s) being sent home. Reasonable care shall be exercised to insure a safe, expedient, and financially feasible mode of transportation back to the home community of the student(s) involved. Should Student be sent home, I agree to be responsible for any costs related to his/her return trip home.

In return for allowing Student to participate in DECA activities, I hereby agree to RELEASE, HOLD HARMLESS, and INDEMNIFY Arizona DECA, Arizona DECA Foundation, Western Region DECA, DECA Inc., White Tie Productions LLC and its employees, agents, contractors, officers, and affiliates from all claims for any injury or damages resulting from any cause, known or unknown, including negligence, which arises out of Student's travel to and from or during DECA-sponsored activities.

I understand that I am also signing this Permission and Release on behalf of Student, a minor child, and I recognize that I may not release any claims Student may have. However, I accept full responsibility for all medical expenses incurred as a result of Student's participation in, or travel to and from, DECA events. I also agree to HOLD HARMLESS and INDEMNIFY Arizona DECA, Arizona DECA Foundation, Western Region DECA, DECA Inc., White Tie Productions LLC and its employees, agents, contractors, officers, and affiliates for any claims brought by or on behalf of Student.

This Permission and Release is also binding as to any other persons, including family members, heirs, and executors, but does not apply to gross negligence or intentional acts.

I have read, understand, and agree to the conditions and responsibilities as outlined in this Permission and Release. I agree that I have signed this Permission and Release of liability voluntarily.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



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### II. WRLC Student Member Medical Information – Form B

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

Known allergies (drug or natural): \_\_\_\_\_

Special medications being taken: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

History of heart condition, diabetes, asthma, epilepsy, or rheumatic fever: \_\_\_\_\_

Physical restrictions to be aware of: \_\_\_\_\_

Other relevant conditions: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Relationship to Student: \_\_\_\_\_

### Insurance Information

Insurer (Company): \_\_\_\_\_ Policy #: \_\_\_\_\_

**FOR LEGAL PROTECTION AND STUENT SAFETY, FORM A AND B MUST BE IN THE CHAPTER ADVISOR’S POSSESSION DURING THE DURATION OF THE CONFERENCE.**