

# PARTICIPANT RELEASE, WAIVER OF LIABILITY, AND AUTHORIZATION FOR MEDICAL TREATMENT AND TO USE IMAGES

**\*Parents/Guardians and Advisors – Please make copy of this completed form for your records.**

- “Construction Program” is **SKILLS CHALLENGE FOR SOUTH+SOUTHWEST GEORGIA WORKFORCE DEVELOPMENT ALLIANCE**.
- “Program Site” is **SUNBELT AG EXPO AT 290-G HARPER BOULEVARD, MOULTRIE, GA.**
- “Program Organizers” are **AGC GEORGIA AND JCI CONTRACTORS** and each of their owners, members, officers, directors, employees, representatives, parents, subsidiaries, affiliates, successors, insurers, agents, volunteers, exhibitors and assigns.

- **DRESS CODE: Long pants and closed-toed shoes. No exception.**
- **BEHAVIOR: No horseplay. No climbing/hanging on equipment.**
- **EMERGENCY: Any injury, even minor, must be reported to Program Organizers at Construction Program registration area.**

**All children, students, and adults attending the Skills Challenge on November 8, 2022 are required to submit this form. No Construction Program attendee is allowed to participate unless Program Organizers receive this form.**

**\*\*\*Participant is a  COMPETITOR  OBSERVER \*\*\***

Participant Name: \_\_\_\_\_ Parent’s Ph. #: \_\_\_\_\_

Home street address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ If minor, school advisor: \_\_\_\_\_

School participant is affiliated with: \_\_\_\_\_

School street address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

School Ph. #: \_\_\_\_\_

**MEDICAL INFORMATION (minors and/or students only)**

Allergies (drug or otherwise): \_\_\_\_\_

Current medication: \_\_\_\_\_

Describe any history of heart condition, diabetes, asthma, epilepsy, or rheumatic fever, etc.  
\_\_\_\_\_

Physician’s name: \_\_\_\_\_ Physician’s telephone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Plan Number: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph. #: \_\_\_\_\_

*To help us quantify the competitor and student observer audience we are reaching, please respond to the following questions. All responses will be used only in the aggregate. No individual responses will be disclosed.*

If above named participant is a competitor or student observer, please share:

**Age:**  14  15  16  17  18      **Sex:**  Male  Female

**Year in High School:**  Freshman  Sophomore  Junior  Senior

**Is participant of Hispanic, Latino, or Spanish origin?**  Yes  No

**What is participant’s race?**  American Indian or Alaskan Native  Asian  Black or African American  
 White  Other

Participant initials \_\_\_\_\_ If participant is a minor, parent/guardian initials \_\_\_\_\_

**PARTICIPANT RELEASE, WAIVER OF LIABILITY, AND AUTHORIZATION FOR MEDICAL TREATMENT AND TO USE IMAGES**

In consideration of the above-named Participant being granted the opportunity to attend or participate in the Construction Program and being permitted access to the Program Site, I acknowledge and agree as follows:

1. I am aware and understand that, despite the safety precautions taken by the Program Organizers, the Program Site is a dangerous environment and attendance at or participation in the Construction Program is dangerous and involves risks of illness, injury, death, and property damage.
2. I acknowledge that it is my sole responsibility to evaluate the risks involved in participating in the Construction Program and visiting the Program Site and that I have fully considered those risks, including, without limitation, dangers posed by willful or negligent conduct by the Participant or others.
3. I acknowledge and voluntarily accept and assume full responsibility for, and full risk of, property damage or loss, illness, and bodily, mental, or personal injury, including death, arising out of or relating to the Participant’s visit to or presence at the Program Site or participation in the Construction Program.
4. I authorize the Program Organizers to administer and obtain routine or emergency medical treatment for the Participant as they deem necessary, and I authorize any physician, nurse, hospital, or member of a hospital’s patient-care staff to render medical treatment that in his or her judgment is deemed necessary in the care of the Participant.
5. To the fullest extent permitted by law, I waive, release, and discharge any and all causes of action, claims, costs, damages, demands, expenses, injuries, liabilities, and losses (“Claims”) arising out of or relating to the Participant traveling to or visiting the Program Site, participating in the Construction Program, or receiving medical treatment, and I release the Program Organizers from any liability for such Claims.
6. To the fullest extent permitted by law, I agree to indemnify and hold harmless the Program Organizers from any liability for Claims arising out of or relating the Participant traveling to or visiting the Program Site, participating in the Construction Program, or receiving medical treatment.
7. I acknowledge that the Participant is not an employee or agent of the Program Organizers during or with respect to the Participant’s visit to the Project site or participation in the Construction Program.
8. I agree to obey all rules and directions given by the Program Organizers, including but not limited to safety rules, posted signs and warnings, dress code, and any requirements concerning hardhats, safety glasses, shoes, and other protective clothing and devices.
9. I authorize the Program Organizers to use photographs and video of the Participant for publicity and marketing purposes and to provide photographs and video of the Participant to third parties, including print and digital media outlets, for their use.
10. I agree that if any portion of this document is held invalid, the remaining provisions shall be binding and continue in full force and effect.

\_\_\_\_\_  
Print Participant Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent or Guardian Name  
*(if Participant is a minor or a student)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date