

North Dakota Technology Student Association (NDTSA) Consent and Multiple Release Form

School Year 20_____/20_____	School/Chapter	Advisor
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Please have members and their parents/guardians read and complete this multiple part form. A copy of this form must be kept by the chapter advisor at all state functions.

STUDENT/PARENT/GUARDIAN INFORMATION

Participant/Student Name	Home Address
City	State, Zip
Date of Birth	Date of Last Tetanus Administration
Name of Insurance Company	Policy Number
Known Allergies	
History of: (check if applicable)	
<input type="checkbox"/> Heart Condition <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Other (explain)	
Medications Currently Being Taken	
Any physical restrictions or other conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes" and meets criteria of the Americans with Disabilities Act, further info will follow)	
In the event we are unable to reach Parent/Guardian, please list name and telephone number of nearest relative and family physician.	
Relative Name	Relative Phone Number
Relative Relationship to Student	
Family Physician Name	Physician Phone Number
Physician Place of Work	
Parent/Guardian Name	
Parent/Guardian Cell Phone Number	
Parent/Guardian Work Phone Number	

CONSENT

I, the parent/guardian of the above-named student do hereby grant permission for him/her to attend NDTSA activities for the above-entered school year (for practical purposes the school year is defined as June 1 to May 31). I authorize adult advisors/chaperones to routinely check member's rooms to ensure that students adhere to policies established by the local school district, local chapter, state association, and national association.

Parent/Guardian Signature	Date
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(continued on back side)

MEDICAL RELEASE/AGREEMENT TO ACCEPT FINANCIAL RESPONSIBILITY

In the event of an emergency, I do voluntarily authorize medical services to be administered and/or obtained for the above-named person as deemed necessary in medical judgment and in accordance with the above confidential information. I agree to indemnify and hold harmless the Career and Technical Student Organizations and/or assistants and designees for any and all claims, demands, actions, rights of action, or judgments by or on behalf of the above-named person arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards. I further agree that I will assume all expenses involved in such medical procedures and will not hold NDTSA or its representatives liable for said expenses.

Parent/Guardian Signature	Date
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LIABILITY

The undersigned being the parent/guardian of student named above hereby agrees to release NDTSA, its representatives, agents, servants, and employees from liability for injury to the said student resulting from any cause whatsoever occurring to the said student at any time while attending an activity of NDTSA, including travel to and from said activity, excepting only such injury or damage resulting from the willful acts of such representatives, agents, servants, and employees.

Parent/Guardian Signature	Date
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CODE OF CONDUCT

I promise to conduct myself in accordance with the attached NDTSA Code of Conduct, and exemplary standards of ethics and behavior, including zero tolerance for any actions that violate any civil or criminal codes. Students found to be in violation of any laws, regulations, or policies established for the TSA event they are attending, will be subject to disciplinary action and/or prosecution. Their parents/guardians and school officials will be notified and must remove the student from the event at the parent's/guardian's expense.

Participant/Student Signature	Date
Parent/Guardian Signature	Date

DRESS CODE

Dress is to reflect the TSA image and at times show unity of the members of the organization. Therefore, I promise to follow the attached NDTSA Dress Code.

Participant/Student Signature	Date
Parent/Guardian Signature	Date

PUBLICITY

I release to NDTSA the unlimited right to reproduce, copy, publish, or otherwise use in any reasonable way for any informational or educational purpose the participant's image (photo or video), voice and/or quote or written material. I release NDTSA of any liability, claims, demands, damages, actions, and causes of actions arising from or connected in any way with the use of these publicity materials. I understand that I will receive no compensation for participation and that all publicity materials will become the sole property of NDTSA. (Note: At no time will addresses or phone numbers be published.)

Participant/Student Signature	Date
Parent/Guardian Signature	Date