



**Permission to Attend BPA National Leadership Conference
April 30-May 5, 2019**

Dear Parents:

Congratulations! Your son/daughter has qualified to attend the Business Professionals of America National Leadership Conference in Anaheim, CA on April 30-May 5, 2019. In order for the trip to be a success, there are some guidelines for participation that your child must follow (listed below). By signing this statement, you and your child agree to follow these guidelines.

In order to attend the event, this form must be completed and returned to Mr. Clark no later than Friday, March 29, 2019.

By signing below, you and your son/daughter agree to the following:

- All school rules and conference rules apply at this event. Disregard for these rules will result in a telephone call home to make arrangements to send your son/daughter home at your expense. There will be zero tolerance for misbehavior on this trip.
- As a safety precaution, your son's/daughter's belongings will be subject to search prior to leaving for this event. In general, if it is not allowed at school, it will not be allowed on the trip.
- We will be flying to Anaheim, so please make sure you review the attached airline baggage rules for what you can and cannot pack.
- All required prescription medications MUST be arranged for in advance through the school nurse. ALL MEDICATION WILL BE HELD AND ADMINISTERED BY A TEACHER.
- If your son/daughter fails to attend the BPA National Leadership Conference, you and your son/daughter will need to reimburse Butler Tech for their registration fee, airfare, and room cost since these amounts will be non-refundable to Butler Tech.
- All of the trip expenses are being paid for by Butler Tech and Northwest BPA. However, we are asking each student to fundraise \$250 to help offset additional expenses. Your son/daughter should plan on bringing some spending money to cover miscellaneous expenses, snacks, souvenirs. An approximate amount to consider bringing is \$100 (optional).

If you have any questions about this trip, please email me: clarkpv@butlertech.org. You may also text (preferred) or call my cell: 513-410-2080.

By signing below, I agree that I have read and understand the statements above; I have also reviewed the information in the "NLC 2019 Preliminary Info Packet" that was provided separately.

Parent/Guardian Signature

Date

Student Signature

Date

EMERGENCY MEDICAL AUTHORIZATION

Please **PRINT** and use **BLACK** ink.

Part 1

The purpose of this form is to authorize the provision of emergency treatment for chapter members in the unlikely event that they become ill or injured while traveling with their advisor. It is imperative the following information be furnished so that the member will be cared for properly.

The authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

I, _____ of _____, _____, _____
(Name) (Address) (City) (State, Zip)

hereby give my consent for: (1) the administration of any emergency treatment deemed necessary by a licensed physician or dentist, (2) the transfer to any hospital reasonably accessible, and (3) consent to release the medical information provided.

(Member's Signature) Date _____/_____/_____
(Month) (Day) (Year)

(Parent's or Guardian's Signature if member is under 18 years of age) Date _____/_____/_____
(Month) (Day) (Year)

(Parent's or Guardian's Name) Parent's or Guardian's Phone (____)_____
(Area)

(Alternative Contact's Name) Alternative Contact's Phone (____)_____
(Area)

The following information is needed by any hospital or practitioner not having access to the member's medical history:

Does the member have:

ANY ITEMS MARKED "YES" SHOULD BE EXPLAINED BELOW

- 1. Any allergies
FOOD _____ YES _____ NO
MEDICATION _____ YES _____ NO
OTHER (insect, etc.) _____ YES _____ NO
- 2. Any health problems or physical disabilities _____ YES _____ NO
- 3. Any respiratory problems _____ YES _____ NO
- 4. Any diabetes _____ YES _____ NO
- 5. Any epilepsy _____ YES _____ NO
- 6. Any chronic disease _____ YES _____ NO
- 7. Any emotional or psychological problems _____ YES _____ NO
- 8. Any medication being taken at present _____ YES _____ NO

9. Any Glasses YES/NO, Contact Lenses YES/NO, Hearing Devices YES/NO worn?

If any of the above questions are marked "YES," please explain. If taking medication, please give name, amount of dosage, and time medication is taken.

10. Date of last tetanus booster: _____/_____/_____
(Month) (Day) (Year)

11. Does member have all required immunization shots? _____ YES _____ NO

Activity Assumption of Risk and Release of Liability Waiver Form

(Please Print Clearly)

First Name _____ Last Name _____ Date ____/____/____

Home Phone # _____ Date of Birth ____/____/____ x

Emergency Telephone # _____ Emergency Contact _____

Assumption of Risk and Release of Liability Agreement:

Location, Grand Plaza, 777 Convention Way, Anaheim, CA

I and/or my child (collectively "I," "me," or "my") understand and acknowledge that I have voluntarily chosen to participate in activities of **Rock Climbing and/or Trampoline Jumping**, including if offered but not limited to climbing, jumping, bouldering, belaying, spotting, slacklining, use of free weights, weight machines and other fitness equipment, teambuilding activities, special events, and any other activity that we have provided that you elected to participate in.

I understand that I will not be supervised by onsite staff, and am solely responsible for my own actions. In consideration for my being allowed to participate in the Activities and the use of facilities, I hereby agree to release and discharge from all liability Access Destination Services, and each of its agents, owners, members, affiliates, investors, officers, directors, volunteers, employees, instructors, contractors, all other persons or entities acting in any capacity on their behalf, landlords, and property owners on behalf of myself, my children, my parents, my heirs, assigns, personal representatives, guardians and estate as set forth herein.

1. **Acknowledgment of Risk:** I recognize that there are inherent and other risks, which may or may not all be listed in this document, associated with the Activities. These dangers include but are not limited to falling; landing on or striking padded or unpadded surfaces; being injured by falling objects or participants; being injured by the actions or inactions of other participants, including but not limited to other participants' failure to belay properly; movement of climbing holds; equipment failures of any kind; and physical injury as a result of engaging in physical activity. I recognize that if I encounter these risks, serious injury or death may result, and I understand that no amount of care, caution, instruction, or expertise can eliminate these risks. I understand that I alone am responsible to decide whether to engage in the Activities. I confirm that I am physically and mentally capable of participating in the Activities, and I understand that if my mental or physical condition changes after the execution of this agreement such that I am not capable of participating in the Activities, I am obligated to cease participating in the Activities.

2. **Assumption of Risk:** Despite the risks involved and as consideration for being allowed to participate in the Activities, **I AGREE TO EXPRESSLY ASSUME ANY AND ALL RISK OF INJURY OR DEATH** that might be associated with my participation in the Activities and use of the facilities.

3. **Agreement Never to Sue:** **I AGREE NEVER TO SUE AND TO RELEASE FROM LIABILITY** Access Destination Services for any damage, injury or death to me arising from participation in the Activities or use of the facilities, regardless of cause, including the **ALLEGED NEGLIGENCE** of Access Destination Services, including claims of negligent instruction, with the exception of claims that cannot be released under applicable law. I understand that this **RELEASE OF LIABILITY** will prevent me, my child, and my heirs from filing suit or making any claim for damages in the event of injury or death arising from my participation in the Activities or use of the facilities. **I UNDERSTAND THIS IS A RELEASE OF LIABILITY** that will apply whenever I participate in the Activities or use of the facilities, and that each time I use the facilities and/or engage in the Activities, that will constitute a renewal and reaffirmation of my and acceptance of this agreement.

4. **Indemnity:** If I, my child, my heir, my estate, or my legal representative files a claim or a lawsuit arising out of my participation in the Activities or use of the facilities, **I AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS** Access Destination Services for any and all damages, attorney's fees, and costs arising out of such a claim or a lawsuit. If I execute this agreement on behalf of another person, I certify that I am authorized to execute this agreement on their behalf and agree to **DEFEND, INDEMNIFY, AND HOLD HARMLESS** Access Destination Services in the event that person brings a claim and contends that I was not authorized to execute this agreement.

5. **Governing Law, Jurisdiction and Severability:** I agree that this Waiver and Release of Liability shall be governed by California law and construed as broadly as permissible under the law. In the event that I file a lawsuit against Access Destination Services, I agree to do so solely in the State of California, County of Orange. I agree that if any portion of this Waiver and Release of Liability is held to be invalid, the rest shall nonetheless remain in full force and effect. This document constitutes the entire agreement between the parties and it cannot be changed or modified except in writing.

6. **Photo and Video Release:** I acknowledge that Access Destination Services and other participants may photograph or videotape the Activities and facilities. I agree that Access Destination Services may use these recordings in any way without compensation to me including, but not limited to, for marketing purposes and as evidence in any litigation.

I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A COMPLETE RELEASE OF LIABILITY AND A BINDING CONTRACT, AND I SIGN IT OF MY OWN FREE WILL. I CERTIFY THAT I AM AT LEAST 18 YEARS OF AGE ON THE DATE HEREOF, AND IF I AM SIGNING ON BEHALF OF A MINOR PARTICIPANT, THAT I AM THE PARTICIPANT'S PARENT OR LEGAL GUARDIAN.

Participant's Signature _____
Participant's Printed Name _____
Date of Birth _____
Date _____

TO BE READ AND SIGNED BY PARENT or LEGAL GUARDIAN OF MINOR
I hereby state that I am the parent or LEGAL guardian of the minor whose information appears above. I am familiar with this consent and agree to the term and provisions set forth in this release.

Signature of Parent or Legal Guardian _____
Printed Name of Parent or Legal Guardian _____
Date of Birth _____
Date _____

*** Waiver form must be filled out in completely or participants will not be permitted to participate.**