MISSISSIPPI TSA

LIABILITY RELEASE,

CODE OF CONDUCT AND PHOTO RELEASE FORM

DIRECTIONS: Due to legal restrictions, it is necessary that all TSA members, delegates, and guests complete this form to be eligible to attend 2013-2014 TSA meetings, workshops, and conference. This form must be turned into the State office **after** the local advisor has made his/her copy. This release form covers all meetings from August 1, 2013 through June 30, 2014.

**If a chapter is particularly unruly, the whole chapter can be sent home.**

 Individuals who are not dressed properly or act out may be sent home.

 Individuals and chapters can lose awards for bad behavior or dress.

 Notification of this will be added to the TSA medical release and liability form.

 A chapter or individual may lose attendance for a year and be banned from competition for a year.

**PLEASE TYPE OR PRINT ALL INFORMATION**

Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSURANCE INFORMATION**

Name of insured \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please completely describe any medical condition, which may occur or be a factor in medical treatment:

a. Allergy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e. Physical Handicap\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Convulsions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ f. Medicine Reactions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Blackouts\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ g. Disease of any kind:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Heart/Lung problems:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ h. Other (Be very specific)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If currently taking medication, please provide the following information:

Name of medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescribing Physician/ Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**LIABILITY RELEASE:** I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage during all TSA trips. I hereby release National, State, Local and designated individuals in charge of TSA from any legal or financial responsibility with respect to my personal or my student/child’s participation in or contact with any known element associated with an activity including competitive events.

**PARENT/GUARDIAN:** Please check and initial one of the following and sign your name.

\_\_\_\_\_I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.

\_\_\_\_\_I do not give permission for medical treatment until I have been contacted.

**CONDUCT CODE**

A good reputation enables members to take pride in their organization. TSA members have an excellent reputation. Your conduct at any TSA function should make a positive contribution to the reputation that has been established. Any conduct less than positive will be dealt with in a swift and severe manner, your behavior at all times should be such that it reflects credit to you, your parents, your school, your state, and TSA.

* Student conduct is the responsibility of the local chapter advisor. Students shall keep their advisors informed of their activities and whereabouts at all times. TSA name badges will be worn at all times during conferences.
* You are expected to attend all sessions and other scheduled conference activities. Please be prompt and show respect to others.
* Members are to report any accidents, injuries, or illnesses to their local or state advisor immediately.
* Members will observe the designated curfew. (Curfew means being in your assigned room by a designated hour.)
* If a student is responsible for stealing or vandalism, the student and his/her parents will be expected to pay any and all damages. Members/participants attending any TSA conference may not purchase, consume, or be under the influence of alcohol or drugs at any time. Violators will be dealt stringent disciplinary actions.
* Tobacco products are prohibited at TSA functions and illegal for minors to possess or use. Students who disregard these rules will be subject to disciplinary actions and sent home at their own expense. The local or state advisor will notify parents.
* Members will abide by the TSA dress code at all business sessions, competitive events, and other conference activities.

My parent/guardian, advisor, and I have read the above Liability Release Code of Conduct and the for TSA conferences and agree to abide by these rules.

Permission from Parent to Use Child’s Photo/likeness/video/digital/ on any TSA publication or display.

YES\_\_\_\_\_ NO \_\_\_\_\_ Parent/Guardian’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL EFFORT WILL BE MADE TO INSURE STUDENT’S SAFETY AND PRIVACY.**

Print Name of Parent/Guardian Parent/Guardian Signature Date

Print Name of Advisor Advisor Signature Date

Print Name of Student Student Signature Date