**POSTSECONDARY**

**LEADERSHIP WORKSHOP**

**February 2, 2024: 9am – 3pm**

**Pitt Community College**

Looking for a way to energize & empower you students through your SkillsUSA chapter?

Interested in finding the key aspects in getting your SkillsUSA chapter started?

**STUDENTS –** This workshop will help students find their “start” button through action-oriented high-energy and motivational programming. Students will experience sessions that will hone their leadership skills & personal development, not only as local SkillsUSA members, but as leaders in the workforce. Students will understand how to lead their local chapter and provide growth opportunities for their fellow members.

**ADVISORS –** This workshop will help instructors/advisors identify key elements to facilitating and guiding effective local chapters and engage their students throughout the school year. Action-oriented high-energy programming applies to advisor learning too!

This workshop will include:

* Facilitating Leadership
* Effective Chapter Meetings
* An Annual Program of Work
* Building Effective Teams
* Develop Chapter Officers
* Connecting Your Framework
* Chapter Excellence Program

**Date: February 2, 2024**

**Location: Pitt Community College, Winterville**

**Registration Deadline: January 26, 2024**

**Registration Cost:** **$25** per participant (Student or Advisor)

 Includes Lunch and Advisor Resource

**How to Register:** Register Here - [Register.SkillsUSA.org](https://www.skillsusa-register.org/Login.aspx)

 Do not have a SkillsUSA Chapter yet? Call us!

Contact us at 919-675-1241 or 919-373-5538, or email **info@SkillsUSAnc.org** with any questions.

**CONSENT AND RELEASE FORMS**

**\*\* By checking the “attest” box at the bottom of the online registration form, every attendee/parent/ guardian agrees to the Code of Conduct, Photography and Sound Release, Medical Consent and Covid Health & Safety Waver conditions outlined below. Checking the “attest” box also indicates parental permission for the student to attend the event if the student is under 18. By checking this box, we have the understanding that you have informed the parents of the activities the student will be participating in and that they are aware of the information listed below.** If the “attest” box is not checked, the student will not be allowed to attend the conference and participate. Also, all medical, insurance, and parental contact information need to be filled out completely online. The information below should be sent home to the parents of your students so they are aware of what they are agreeing to.

**PERSONAL LIABILITY RELEASE**

As a parent/guardian/Individual, I hereby agree to release SkillsUSA Inc. North Carolina, its representatives, agents, servants, and employees from liability for any injury to the named person resulting from any cause whatsoever occurring to the named person at any time while attending a SkillsUSA North Carolina function, including travel to and from the conference. I voluntarily assume all risk and danger relating to the conference, whether occurring prior to, during or after the event.

I do voluntarily authorize SkillsUSA Inc. North Carolina and its designees to administer and/or obtain routine or emergency diagnostic procedures and/or routine emergency medical treatment for the named person as deemed necessary in medical judgment. Parents/guardians of participant will allow emergency medical treatment to be administered as needed.

I agree to indemnify and hold harmless SkillsUSA Inc. North Carolina and said designees for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the named person arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

**PHOTOGRAPHY AND SOUND RELEASE**

I hereby grant SkillsUSA North Carolina permission to make still or motion pictures and sound recordings, and also give a production company approved by SkillsUSA North Carolina permission to use the finished silent or sound pictures and/or sound recordings as deemed proper.

Further, I so hereby relinquish to the SkillsUSA North Carolina all rights, title, interest, and income from the finished sound or silent motion pictures, still pictures, and/or sound recordings, negatives, print, reproductions, and copies of the originals, negatives, recording duplicates and prints, and further grant SkillsUSA North Carolina the right to give, sell, transfer, and/or exhibit the same to any individual business firm, publication, television station, radio station or network; or government agency, or to any of their assignees, without any payment or consideration to me.

My agreement to perform under camera, lighting, and stage conditions is voluntary and I do hereby waive all personal claims, causes of action, or damages against SkillsUSA North Carolina and the employees thereof, arising from a performance or appearance.

**MEDICAL CONSENT**

It is understood that the student will be chaperoned both while traveling to and during the SkillsUSA North Carolina State conference by his/her local SkillsUSA advisor(s), and that normal precautions will be taken in the interest of his or her safety and well-being.

We agree that the SkillsUSA North Carolina State Association, State Staff, or their designee(s) will not be held responsible for any accident or injury, which might occur in connection with the SkillsUSA North Carolina State Conference.

We also give consent to SkillsUSA North Carolina for medical treatment in case of an emergency requiring a doctor’s care and/or hospitalization and provide you with the pertinent medical information.

**COVID-19 HEALTH & SAFETY WAIVER**

SkillsUSA requires all attendees and staff to comply with the following safety precautions specified in the federal, state and local governments, as well as CDC guidelines:

* + - Any person disclosing or exhibiting symptoms of COVID-19, or knowingly exposed to the disease, will not be allowed admittance to the in-person event.
		- I will not travel/attend if I knowingly have been exposed to anyone testing positive or presenting symptoms of COVID-19 (based on CDC Guidance).
* I will not travel or attend if I have myself tested positive or presented any of the signs or symptoms of COVID-19.
	+ - While in attendance at this event, I will make every effort to always maintain CDC-recommended hygiene procedures.
		- Any person refusing to comply with required safety protocols will be required to leave the event at their own expense.

ASSUMPTION OF RISK

The COVID-19 virus continues to spread from person-to-person contact and other means, and people reportedly can spread the disease without showing symptoms. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death. Therefore, if you choose to participate in this in-person event, you may be exposing yourself to or increasing your risk of contracting or spreading COVID-19, despite our safety precautions. In exchange for being allowed to participate in this event, I hereby choose to accept the risk of contracting COVID-19.

WAIVER OF LAWSUIT/LIABILITY

I hereby release and waive my right to bring suit against SkillsUSA North Carolina and its officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to my in-person participation in any State Leadership Event. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, based upon claims of negligence.

Completing and Submitting registration and attending the State leadership Event indicates your agreement to the following COVID-19 Health & Safety Expectations.