Student Confirmation Packet

**2023 Microsoft Office Specialist World Championship**

**Orlando, Florida ▪ JW Marriott Orlando Bonnet Creek Resort & Spa ▪ July 30-August 2, 2023**

Congratulations on being chosen as an international finalist in Certiport's 2023 Microsoft Office Specialist World Championship! To confirm your participation, please complete this packet, the [online registration form](https://cvent.me/20Wg15), and send it to Certiport via email (moschampionship@pearson.com) no later than Friday, **June 15, 2023**. If you do not complete this packet and the online registration form your registration will not be complete and you will be unable to compete.

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| --- | --- |
| Full Name: | |
| Email Address: | |
| Country: | Sponsoring Certiport Authorized Partner: |

Student Confirmation Statement

By signing this contract, I, the student, confirm that I have not competed in the same exam track in previous Microsoft Office Specialist World Championships, and I indicate my desire to participate in said competition.

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| Student Signature: | Date: |

Which exam (and version) will you be taking in the 2023 MOS World Championship? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Code of Conduct

At Certiport, we maintain a high standard of conduct for every attendee, regardless of age or circumstance, and all students must agree to our code of conduct before they arrive at the site. By signing below, you agree to follow and adhere to the following rules during your time attending the 2023 Microsoft Office Specialist World Championship:

* Students must adhere to all local laws and ordinances governing the use of alcohol or tobacco at all times during their stay at the competition. The use of illegal drugs by any and all conference attendees is prohibited at all times.
* Regardless of age, students are required to remain on the hotel property at all times unless granted permission by the sponsoring partner to leave the grounds unaccompanied by a chaperone.
* All students, regardless of age, are required to abide by any curfew or other limitations extended by Certiport.
* Any student violating this code of conduct will be asked to leave the program and will be sent home at his or her own expense.

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| Student signature: | Date: |
| Parent/Guardian signature: | Date: |
| *(Parent or Legal Guardian must sign above if student is under the age of 18.)* | |

Emergency Medical Release

I, (if under 18 years of age, a Parent/Guardian signature is required below), agree to participate in Certiport’s 2023 Microsoft Office Specialist World Championship. I understand that although Certiport desires to provide a safe and enjoyable time for all students, accidents can still happen. I understand that there are risks involved with participation.

In consideration of myself/my child being allowed to participate in this event, I/we agree to assume responsibility for those ordinary and reasonable risks associated with the activities. I/we agree to hold harmless Certiport, its affiliated organizations, employees, agents, and representatives from any and all claims arising from my/my child’s participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by Certiport, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that Certiport can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, a member of the Certiport staff will contact a legal parent/guardian. If a parent/guardian cannot be reached after conscientious effort, I/we give permission to the Certiport staff to call paramedics or attempt to contact a listed physician or dentist. If a life-threatening emergency exists, I/we give permission for the Certiport staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical treatment, and hospital care, which, in the best judgment of a licensed physician or dentist, is deemed advisable.

I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

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| Student Full Name: | | | | |
| Student Date of Birth: | Gender: | Female | Male | Other |
| Physician phone #: | Dentist phone #: | | | |
| Emergency contact: | | | | |
| Emergency contact phone #: | Alternate phone #: | | | |
| Allergies (including reactions to medications): | | | | |
| Are there any physical or medical conditions Certiport should know about? | | | | |
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| --- | --- |
| Student signature: | Date: |
| Parent/Guardian signature: | Date: |
| *(Parent or Legal Guardian must sign above if student is under the age of 18.)*  Footage & Photography Authorization and Release  As a student in Certiport’s 2023 MOS World Championship and in consideration of my potential appearance in promotional photographs and/or video footage taken during the Certiport event from July 30-August 2, 2023, and without any further consideration from Certiport, I hereby irrevocably grant the right to use my likeness and appearance in connection with Certiport’s 2023 Microsoft Office Specialist World Championship in any and all media throughout the world in perpetuity.  I agree that my appearance in Certiport’s video footage or photographs may be edited at the sole discretion of Certiport. I consent to the use of my name, likeness, voice and biographical material that is recorded in connection with these events. I expressly release Certiport, their agents, employees, licensees and assignees from and against any and all claims which I have or may have for invasion of privacy, defamation or any other cause of action arising out of production, distribution, broadcast or any exhibition of the Certiport photographs or video footage.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Student Full Name: | | | | | | | Student Date of Birth: | Gender: | Female | | Male | Other | | | Address: | | | | | | | Phone Number: | | | | | | | Student signature: | | | Date: | | | | Parent/Guardian signature: | | | Date: | | | | *(Parent or Legal Guardian must sign above if student is under the age of 18.)* | | | | | | | |

Release for Minors (if under 18 years of age)

I represent that I am the parent/guardian of the minor who has signed the above release and I hereby agree that we shall both be bound by the terms of this agreement.

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| Parent/Guardian full name: | Date: |
| Address | |
| Parent/Guardian signature: | Date: |