

PARIS CITY
2010

WORLDWIDE COMPETITION

on Microsoft® Office

CERTIPOINT®
Achieve • Distinguish • Advance

Student Confirmation Packet

Congratulations on being picked as an international finalist! To confirm your plans to participate in the Certiport Worldwide Competition on Microsoft® Office, please complete this packet (typed) and fax to Certiport at 801.492.1771 no later than Thursday, 15 July 2010.

First name: _____

Last name: _____

How would you like your name to appear on your certificate of participation?

How would you like your name announced at the awards ceremony?

Country: _____

Please select your preferred language for the Worldwide Competition on Microsoft® Office exam:

- | | | |
|---|--------------------------------|-------------------------------|
| <input type="radio"/> Chinese (Traditional) | <input type="radio"/> German | <input type="radio"/> Korean |
| <input type="radio"/> Chinese (Simplified) | <input type="radio"/> Greek | <input type="radio"/> Spanish |
| <input type="radio"/> English | <input type="radio"/> Italian | |
| <input type="radio"/> French | <input type="radio"/> Japanese | |

Please select the exam version in which you will be competing:

- Microsoft Word 2003
- Microsoft Excel® 2003
- Microsoft Word 2007
- Microsoft Excel® 2007

**Certiport partner/
Solution Provider name:** _____

Student Confirmation

Congratulations on being picked as a finalist in the Certiport Worldwide Competition on Microsoft® Office!
To participate, please fill out each form in this packet and send this completed Student Confirmation Packet to Certiport for confirmation by **Thursday, 15 July 2010**.

If you have any questions during the process, please contact us at officecompetition@certiport.com.

Date:

Student First & Last name:

Gender: F M

Age on 8 August 2010:

Email:

Full mailing address:

Phone number:

If you are under 18 years of age at the commencement of the Worldwide Competition on Microsoft® Office, you will be required to have an adult chaperone attend the conference with you. If this applies to you, please provide your chaperone's contact information below:

Chaperone First & Last name:

Relationship to student:

Phone number:

All attendees will be staying at the Chateau at Silver Lake, Park City, Utah USA from Sunday, 8 August – Tuesday, 10 August 2010 (3 nights)

Address: **7815 Royal Street East, P.O. Box 4650, Park City, Utah 84060**

Telephone: **+1 435.658.9500**

Website: **<http://the-chateaux.com>**

Please fill in your travel plans below:

	Arrival Date/Time	Departure Date/Time	Hotel Check-in Date/Time	Hotel Check-out Date/Time
Student				
Chaperone				

PLEASE NOTE: Certiport will provide a standard 104-key PC US English QWERTY keyboard and a USB mouse for the competition. If you require a language-specific keyboard or any other hardware, please bring it (and any necessary converters) with you.

Student Confirmation Statement:

By signing this contract, I, the student, confirm that I have not competed in previous Worldwide Competitions on Microsoft® Office, and I indicate my desire to participate in said competition.

▶ **Student signature:** _____

Date: _____

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 Worldwide Competition on Microsoft® Office:

- 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 the Competition Coordinator.
- 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.

▶ **Student signature:** _____

Date: _____

▶ **Parent/Guardian signature:** _____

Date: _____

(Parent or Legal Guardian must sign above if student is under the age of 18.)

Page 3 Signature Checklist

Student Confirmation Statement

Signed by student

Code of Conduct

Signed by student

Signed by student's parent or legal guardian

(If the student will be under age 18 on 8 August 2010)

Emergency Medical Release

I, _____
(if under 18 years of age, a Parent/Guardian signature is required below), agree to participate in the Worldwide Competition on Microsoft® Office. 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.

Student First & Last name: _____

Student DOB: _____ **Gender:** F M

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? _____

Student signature: _____ **Date:** _____

Parent/Guardian signature: _____ **Date:** _____

(Parent or Legal Guardian must sign above if student is under the age of 18.)

Page 4 Signature Checklist

Emergency Medical Release

- Signed by student
- Signed by student's parent or legal guardian
(If the student will be under age 18 on 8 August 2010)

Footage & Photography Authorization and Release

Program Title: **Certiport Worldwide Competition on Microsoft® Office**

Location: **Park City, Utah USA**

Date: **8 – 10 August 2010**

As a student in the Certiport event indicated above and in consideration of my potential appearance in promotional photographs and/or video footage taken during the Certiport event from 8 – 10 August 2010, and without any further consideration from Certiport, I hereby irrevocably grant the right to use my likeness and appearance in connection with the Certiport Worldwide Competition on Microsoft® Office 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 First & Last name: _____

Age: _____

Student DOB: _____

Gender: F M

Address: _____

County: _____

Phone: _____

Student signature: _____

Date: _____

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.

Parent/Guardian First & Last name: _____

Address: _____

County: _____

Phone: _____

Parent/Guardian signature: _____

Date: _____

(Parent or Legal Guardian must sign above if student is under the age of 18.)

Page 5 Signature Checklist

Footage & Photography Authorization and Release

- Signed by student
- Signed by student's parent or legal guardian
(If the student will be under age 18 on 8 August 2010)

Please complete the attached forms very carefully. **To guarantee your opportunity to compete at the Certiport Worldwide Competition on Microsoft® Office in Park City, Utah on 8-10 August 2010, everything must be completed, signed and submitted to Certiport by Thursday, 15 July 2010.** Students who fail to meet this deadline may not be able to participate in the competition.

Here is a final checklist to help you make sure everything is in order:

Information is legible

- All required information has been typed into the appropriate form fields

Student Confirmation Statement

- Signed by student

Code of Conduct

- Signed by student
- Signed by student's parent or legal guardian
(If the student will be under age 18 on 8 August 2010)

Emergency Medical Release

- Signed by student
- Signed by student's parent or legal guardian
(If the student will be under age 18 on 8 August 2010)

Footage & Photography Authorization and Release

- Signed by student
- Signed by student's parent or legal guardian
(If the student will be under age 18 on 8 August 2010)

Identification

- A copy of your student identification card