

# Indiana HOSA Release Form

*School* \_\_\_\_\_ *Advisor* \_\_\_\_\_

Please have student attendees and their parents/guardians read and complete this release form. Turn in a copy of the forms with original signature for each students at the registration desk of the conference attending. Retain a copy for yourself.

## Medical Release/Agreement to Accept Financial Responsibility:

The undersigned, being the parent or guardian of \_\_\_\_\_ and having legal custody and who resided with me/us do give consent to any x-ray, examination, anesthetic, dental, medical, or surgical diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any dentist, physician or surgeon licensed to practice in the State of Indiana or in a state on the itinerary of an activity sponsored by HOSA. I/We will assume all expenses involved in such medical/dental procedure and will not hold Indiana HOSA or its representatives/partners or schools hosting a HOSA chapter liable for said expenses.

List any medical/dental conditions that a medical/dentist should be made aware of: \_\_\_\_\_

List any allergies that a medical/dentist should be made aware of: \_\_\_\_\_

Family Physician: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parents/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Liability:

The undersigned being the parent or guardian of student named above hereby agrees to release Indiana HOSA, its representatives, agents, servants, employees, and partners from liability for injury to the said minor resulting from any cause whatsoever occurring to the said minor at any time while attending a conference or meeting of Indiana HOSA including travel to and from said meeting, Excepting only such injury or damage resulting from the willful acts of such representatives, agents, servants, employees and schools hosting a HOSA chapter.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Code of Conduct and Dress Code:

Students are to conduct themselves in accord with exemplary standards of ethics and behavior, including zero tolerance for any actions that violate any civil or criminal codes. Students found to be in violation of any laws, regulations or policies established for the HOSA event they are attending will be subject to disciplinary action and prosecution. Their parents or guardians and school officials will be notified and must remove the student from the event.

Dress is to reflect the HOSA image and follow guidelines for specific events. When not specified, business casual is appropriate for workshops and activities held. General Sessions hold a strict Navy Blue or Black suit, knee length skirts for females, closed toed shoes, and Ties for males. Pants are acceptable for females instead of skirts. (No low-riding pants or skirts that reveal abdomens, navels, mid-back; no bare sections) For recreational activity casual clothing are permitted unless otherwise specified.

Understanding completely the policies, practices, and procedures that will serve to govern the attire of persons attending a HOSA event, I do hereby agree to follow said policies, procedures and abide by any consequence of any violations.

Signature of HOSA Member \_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

## Publicity - Standard Release Form:

I release to Indiana HOSA the unlimited right to reproduce, copy, publish, or otherwise use in any reasonable way for any informational or educational purpose the following; Image, Video, Voice, quote or written materials.

Signature of HOSA Member \_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

## COVID-19 and Other Illnesses:

The undersigned being the parent or guardian of student named above hereby agrees to release Indiana HOSA, its representatives, agents, servants, employees, and schools hosting a HOSA chapter from liability of contracting COVID-19 or other illnesses while attending a confernece or meeting. By signing this form you are fully aware of the risks and that your minor will follow the guidelines put in place to keep them and others safe.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_