*Colorado HOSA Multiple Release Form for 2015 State Leadership Conference*

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

*Please have student attendees and their parents/guardians read and complete this multiple-part form. Information about dress code and code of conduct is included on the Colorado HOSA website conferences page:* [*www.hosa.cccs.edu*](http://www.hosa.cccs.edu)*. Enclose a copy of the form with original signatures for each student with your registration form(s) and fees. Retain a copy for your records.*

**TEACHERS, MEMBERS AND PARENTS: THERE ARE 15 LINES TO BE COMPLETED, PLEASE MAKE SURE TO SIGN ALL PORTIONS OF THE RELEASE FORM.**

**MEDICAL RELEASE/AGREEMENT TO ACCEPT FINANCIAL RESPONSIBILITY**

The undersigned, being the parent or guardian of and having legal custody and who resides 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 Colorado or in a state on the itinerary of an activity sponsored by HOSA I/we further agree that I/we will assume all expenses involved in such medical/ dental procedures and will not hold Colorado HOSA or its representatives liable for said expenses.

|  |  |  |
| --- | --- | --- |
| List any medical/dental conditions that a medical doctor/dentist should be made aware of: 1 |  | List any allergies that a medical doctor/dentist should be made aware of:2 |
|  |  |  |
|  |  |   |

Family Physician: Name 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address 4 Phone 5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s/Guardian’s Signature 6 Dated 7\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIABILITY**

The undersigned being the parent or guardian of student named above hereby agrees to release the Colorado Community College System, Colorado HOSA, its representatives, agents, servants, and employees 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 Colorado HOSA, including travel to and from said meeting, excepting only such injury or damage resulting from the willful acts of such representatives, agents, servants, and employees.

Parent’s/Guardian’s Signature 8 Dated 9 .

**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 to follow guidelines for specific events. The Colorado HOSA Dress Code is available online at www.hosa.cccs.edu/conferences.

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

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Signature of HOSA Member Date Signature of Parent/Guardian Date

**PUBLICITY - STANDARD RELEASE FORM**:I release to the Colorado Community College System and Colorado HOSA the unlimited right to reproduce, copy, publish, or otherwise use in any reasonable way for any informational or educational purpose the following: Image (photo or video), Voice, Quote or written material.

12 13\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of HOSA Member Date Signature of Parent/Guardian Date

Address 14 Telephone 15\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_