

STUDENT MULTIPLE RELEASE FORM

A separate form for each student is required at all state sponsored activities

Student Name _____ Advisor Name _____ HOSA School Name _____

Date of Activities: August 1, 2016 to July 31, 2017

PARTICIPATION ACKNOWLEDGEMENT

I, the Advisor, hereby certify that this student has been authorized to attend this state sponsored activity and has received the HOSA Code of Conduct instructions concerning the organization rules at state authorized activities.

Advisor Print Name _____ Signature _____ Date _____

I, the student, hereby verify that I have received the above information and have read through everything entirely.

Student Print Name _____ Signature _____ Date _____

MEDICAL RELEASE

I hereby authorize in advance any necessary medical treatment required for this student.

Parent/ Guardian Print Name _____ Signature _____ Date _____

This student is presently under medical care. Yes No

If yes, explain: _____

Relationship to the student: _____

Home Phone No.: _____ Cell Phone No.: _____

Medical Insurance Co.: _____ Policy No.: _____

Name of Family Physician: _____

Any allergies, medications, etc.: _____

COLORADO HOSA RELEASE

I agree not to hold Colorado HOSA, the State Board for Community Colleges of Colorado, or any of its agents, liable for any accident, illness, or injury to me during participation in any state authorized activity, including travel to and from activity sites.

Parent/Guardian Print Name _____ Signature _____ Date _____

Student Print Name _____ Signature _____ Date _____

MEDIA RELEASE

I hereby consent to and authorize the use and reproduction by Colorado HOSA, the State Board for Community Colleges of Colorado, or any of its agents, any and all photographs/digital images/videotapes/recordings of this student taken at various locations, for use by the Colorado Community College System, its employees, officers and agents, and the right to copyright and/or use, reuse and/or publish, republish photographic pictures, digital images, videotapes and recordings in conjunction with (individual's name) I also give permission for these photographs/digital images/videotapes/recordings to be used in its entirety and/or edited version as deemed necessary by the Colorado Community College System (to include usage of images on Career and Technical Student Organizations websites). Furthermore, permission is also given for the photographs/digital/images/videotapes/recordings to be used by the Colorado Community College System at any time in the future without further clearance from me. I understand that these photographs/digital images/videotapes/recordings may be used for marketing purposes (including websites) by the Colorado Community College System.

I have read the foregoing release, authorization and agreement, before signing below, and warrant that I fully understand the contents thereof.

Parent/Guardian Print Name _____ Signature _____ Date _____

Student Print Name _____ Signature _____ Date _____