

Medical Liability Release Form

DIRECTIONS: Due to legal restrictions, it is necessary that all students, parents/guardians, and HOSA Advisors complete this form as a prerequisite for eligibility to attend any 2009-2010 HOSA Regional or State Leadership Conference. This form should be returned to the Chapter Advisor.
PLEASE TYPE OR PRINT ALL INFORMATION

Student's Name _____	Parent/Guardian's Name _____
Home Address _____	Home Address _____
City/State/ZIP _____	City/State/ZIP _____
Home Phone _____	Home Phone _____
Work Phone _____	Work _____
Student's Physician _____	Alternate Contact _____
Office Address _____	Home Phone _____
Telephone _____	Work Phone _____

Is student covered by group or medical insurance? yes no
If yes, complete the following: Name of Insured _____

Insurance Company _____ Group # _____ Policy # _____

Completely describe any medical condition, which may recur or be a factor in medical treatment:

- a. Allergy _____
- b. Physical Handicap _____
- c. Convulsions _____
- d. Medicine Reactions _____
- e. Blackouts _____
- f. Disease of any kind _____
- g. Heart or Lung Problems _____
- h. Other (please be specific) _____

If currently taking medication, please provide the following information:

Name of Medication(s) & Dosage _____
Prescribing Physician _____ Physician's Phone _____

PARENT/GUARDIAN: Please check one of the following and sign your name.

_____ I give permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.

_____ I do not give permission for medical treatment until I have been contacted.

Parent/Guardian Signature _____ Date _____

LIABILITY RELEASE: I certify that the information described above is accurate and complete. I understand that each individual is responsible for his/her own insurance coverage during this trip. I hereby release the State HOSA Industry Board of Directors, the State HOSA Staff and local HOSA associations, the Michigan Health Council, and any designated individual in charge of the HOSA group or specific activity from any legal or financial responsibility with respect to my personal or my student/child's participation in or contact with any known element associated with an activity including competitive events.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

HOSA Conduct Code

A good reputation enables members to take pride in their organization. HOSA members have an excellent reputation. Conduct at any HOSA function should make a positive contribution to the reputation that has been established. Failure to comply with the HOSA Code of Conduct will result in dismissal from the HOSA Conferences at the student's expense.

1. Your behavior at all times should be such that it reflects credit to you, your school/college, your state and HOSA. Be polite to all HOSA staff, hotel staff, advisors and judges.
2. Student conduct is the responsibility of the local chapter advisor. Students shall keep their advisors informed of their activities and whereabouts at all times. (HOSA Conference name badges shall be worn at all times at HOSA functions)
3. You are expected to attend all general sessions and other scheduled conference activities. Please be prompt and show respect to those in the audience and on stage.
4. Members are to report any accidents, injuries or illnesses to their local or state advisor immediately.
5. Members are expected to observe all designated curfews. (Curfew means being in your own room by the designated hour.)
6. If a student is responsible for stealing or vandalism, the student and his/her parents will be expected to pay any and all damages.
7. Members/participants attending the National, State, or Regional Conference may not purchase, consume or be under the influence of alcohol or drugs at any time. Violators will be subject to stringent disciplinary action.
8. Smoking is not allowed in the hotel or at any HOSA function. Show respect to roommates. There will be no boys in girls rooms and no girls in boy's rooms
9. **Students who disregard the rules will be subject to disciplinary action and will be sent home at their own expense. Parents will be notified.**
10. Any long distance phone calls, charges to the room, etc. will be the responsibility of the individual student and/or parents.
11. Members are to abide by the Dress Code Policy at all business sessions, general sessions, competitive events and other conference activities.

GENERAL SESSION PROTOCOL: General session participation should be enthusiastic but delegates must not be rude or obnoxious to those in the audience or on stage. It is important to remain seated until the end of the session. **SHOW RESPECT TO OTHERS AT ALL TIMES!**

USE OF COMPETITIVE EVENT SUBMISSIONS: As a member of Michigan HOSA, I agree that any material entered into a competitive event at the regional, state, or national level maybe used separately or in combination, will be available for reproduction for educational and promotional purposes by the Michigan Health Council and Michigan HOSA.

I have read the Code of Conduct for HOSA conferences and agree to abide by these rules.

Print Name of Parent/Guardian Date
Date

Student Signature

Photography and Media Release Form

This letter confirms the agreement between you and Michigan HOSA regarding your participation in approved Michigan HOSA activities in which you may be photographed or videotaped from time to time.

For valuable consideration received, you hereby irrevocably grant to Michigan HOSA perpetually, exclusively, and for all media throughout the world (including print, non-theatrical, home video, CD-ROM, internet and any other electronic medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs or video footage taken of you as a result of your participation in approved activities of Michigan HOSA.

You hereby agree that you will not bring or consent to others bringing claim or action against Michigan HOSA on the grounds that anything contained in the property, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on you, violates any other right whatsoever, including without limitation, rights of privacy and publicity. You hereby release Michigan HOSA, its directors, officers, successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that you may hereafter have against Michigan HOSA in connection with the property.

This agreement shall not obligate Michigan HOSA to use the property or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute or exploit the property.

Michigan HOSA shall have the right to assign its rights hereunder, without your consent in whole or in part, to any person, firm or corporation.

AGREED TO AND ACCEPTED this _____ day of _____, 20_____

Participant's Signature

Print name of Participant



Signature of Parent or Guardian