

South Dakota HOSA Multiple Release Form for SD HOSA and State Leadership Conferences

School _____ Advisor _____

Please have student attendees and their parents/guardians read and complete this multiple-part form. Please keep for your records. Please bring with you to the SD HOSA Conferences.

**PARENTS: PLEASE INITIAL THE 5 SECTIONS AND COMPLETE THE REST AS REQUIRED
MEMBERS: PLEASE SIGN THE BOTTOM OF THIS RELEASE FORM
THANK YOU**

(____ Initial here) **TRAVEL PERMISSION**

I certify that the school officials, the HOSA chapter advisor(s), the SD HOSA board chairman or any member of the HOSA Executive Council have the right to send my son/daughter home from the HOSA sponsored activity at my expense provided his/her conduct becomes a detriment to the conference. I assume full responsibility and liability for his/her behavior.

(____ Initial here) **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 South Dakota 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 South Dakota HOSA or its representatives liable for said expenses.

List any allergies or medical conditions: _____

Family Physician: Name: _____

Phone: _____

(____ Initial here) **LIABILITY**

The undersigned being the parent or guardian of student named above hereby agrees to release the University of South Dakota System, South Dakota HOSA, South Dakota Board of Regents, all 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 South Dakota HOSA, including travel to and from said meetings, excepting only such injury or damage resulting from the willful acts of such representatives, agents, servants, and employees.

(____ Initial here) **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 SD 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 South Dakota HOSA image. The South Dakota HOSA Dress Code for National and State Leadership Conferences is casual except for Opening, General, Closing Sessions and competitions (Official HOSA uniform or business attire should be worn at these events). Casual includes everything EXCEPT tank tops, halter tops, extremely short shorts or skirts and cut-offs. Shirt straps must be two inches wide and the length of shorts and skirts must be at minimum to the fingertip. Jeans (with no rips or holes) and tennis shoes are recommended wear. HOSA T-shirts are encouraged, but any nice T-shirt or top (with no inappropriate slogans, saying, logos or images) is acceptable wear.

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.

(____ Initial here) **PUBLICITY - STANDARD RELEASE FORM:** I release to the University of South Dakota and South Dakota HOSA the unlimited right to reproduce, copy, publish, or otherwise use in any reasonable way for any informational or educational purpose the following: (check all that apply) ___ Image only (photo or video); ___ Image/first name (photo or video); ___ Quote or written material.

As a parent/legal guardian of a HOSA member, I certify that I have read and understand the prior terms and conditions:

Signature of HOSA Member

Date

Signature of Parent/Guardian

Date

Phone number _____