

# North Dakota HOSA Multiple Release Form for 2023 Spring Leadership Conference

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

Please have student attendees and their parents/guardians read and complete this multiple-part form. 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.**

## 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 North 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 North Dakota HOSA or its representatives liable for said expenses.

_____	_____
List any medical/dental conditions that a medical doctor/dentist should be made aware of:	List any allergies that a medical doctor/dentist should be made aware of:
_____	_____
_____	_____
_____	_____

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Dated \_\_\_\_\_

Parent's/Guardian's Cell Phone Number \_\_\_\_\_

## LIABILITY

The undersigned being the parent or guardian of student named above hereby agrees to release the North Dakota University System, North Dakota 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 North Dakota 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 \_\_\_\_\_ Dated \_\_\_\_\_

## CODE OF CONDUCT AND DRESS CODE

Students are to conduct themselves in accordance with the HOSA Code of Conduct 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. The North Dakota HOSA Dress Code for Spring Leadership Conference is official HOSA uniform or proper business attire. Shirt straps must be at least two inches wide and the length of skirts must be at minimum to the fingertip.

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.

\_\_\_\_\_  
Signature of HOSA Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**PUBLICITY - STANDARD RELEASE FORM:** I release to the North Dakota University College System and North Dakota HOSA the unlimited right to reproduce, copy, publish, or otherwise use in any reasonable way for any informational or educational purpose the member's image (photo or video), voice and/or quote or written material.

\_\_\_\_\_  
Signature of HOSA Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_