



Delaware HOSA – Future Health Professionals
State Leadership Conference
March 2018
University of Delaware, STAR Campus

PARENT OR GUARDIAN PERMISSION

_____ has my permission to attend and participate in the
2018 HOSA- Future Health Professionals State Leadership Conference. I understand the Delaware
delegation will be traveling by bus / car. My child has been made aware that they are to obey the rules of the
Delaware HOSA delegation and of the supervisors assigned to them. If there is some reason my child needs medical
attention or for some disciplinary reasons must be sent home, I will be contacted.

Signature of Parent or Guardian Date

Phone number

Please check one:

_____ I hereby GRANT PERMISSION to the Delaware Department of Education to use my child’s
picture for publication. I release and indemnify the Delaware Department of Education from and against any
claims or causes of action that I or my child may have against the Department of Education, invasion of my
child’s right of privacy, or any other manner in any way connected with the use or publication of the
photographs taken by the Department of Education.

_____ I DO NOT wish to grant permission to the Delaware Department of Education to use my child’s
picture for publication.

Parent/Guardian’s signature

Date

Parent/Guardian’s printed name

Relationship to student

Signature of student

Date

Student’s printed name



HOSA Conduct Code

A good reputation enables members to take pride in their organization. HOSA members have an excellent reputation. Your conduct at any HOSA function should make a positive contribution to the reputation that has been established.

1. Your behavior at all times should be such that it reflects credit to you, your school/college, your state and HOSA.
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 the designated curfew. (Curfew means that each person must be in 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 HOSA State Events 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. All HOSA events are non-smoking.
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 Delaware HOSA Uniform Requirements for State Events at all business sessions, general sessions, competitive events, and other Conference activities.
12. As a delegate to the State Leadership Conference, permission is granted to make photographs, videotapes, broadcasts, and/or sound recordings, separately or in combination, available for reproduction for educational and promotional purposes by National HOSA.

Student's Signature

Chapter Advisor's Signature

Parent / Guardian Signature

Date

MINOR MODEL RELEASE
Office of Communications & Marketing

In consideration of the engagement as a model of the minor named below, and for other good and valuable consideration herein acknowledges as received, upon the terms hereinafter stated, I hereby grant the **University of Delaware**, their legal representatives and assigns, those for whom the **University of Delaware** is acting, and those acting with their authority and permission, the absolute right and permission to copyright and use, re-use and publish pictures of the minor or in which the minor may be included, in whole or in part, in conjunction with the minor's own or a fictitious name, or reproductions thereof in color or otherwise made through any media at their studios or elsewhere for art, advertising, trade, or any other purpose whatsoever.

I also consent to the use of any printed matter in conjunction therewith.

I hereby waive any right that the minor or I may have to inspect or approve the finished product or the advertising copy or printed matter that may be used in connection therewith or the use in which it may be applied.

I hereby release, discharge and agree to save harmless the **University of Delaware**, their legal representatives or assigns, and all persons acting under their permission or authority or those for whom they are acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, even though it may subject the minor to ridicule, scandal, reproach, scorn and indignity.

I hereby warrant that I am of full age and have every right to contract for the minor in the above regard. I state further that I have read the above authorization, release and agreement, prior to its execution and that I am fully familiar with the contents thereof.

PLEASE PRINT

Date _____

Minor's Name _____

Minor's Address _____

City, State, ZIP _____

Phone _____

Parent/Guardian _____

Signature _____

Witness _____

Event _____

ADULT MODEL RELEASE

Office of Communications & Marketing

For valuable consideration received, I hereby give the **University of Delaware** the absolute and irrevocable right and permission, with respect to the photographs that they have taken of me or in which I may be included with others.

To copyright the same in their own name or any other name they may choose.

To use, re-use, publish and re-publish the same, in whole or in part, individually or in conjunction with other photographs, in any medium and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion and advertising and trade and to use my name in connection therewith if they so choose.

I hereby release and discharge the **University of Delaware** from any and all claims and demands arising out of, or in connection with, the use of the photographs, including any and all claims for libel.

This authorization and release shall also ensure to the benefit of the legal representatives, licensees and assigns of the **University of Delaware** as well as the person(s) for whom they took the photographs.

I am over the age of eighteen. I have read the foregoing and I fully understand the contents thereof.

PLEASE PRINT

Date _____

Name _____

Signature _____

Address _____

City, State, ZIP _____

Phone _____

Witness _____

Event _____