

GUEST: _____ ADVISOR: _____ SCHOOL: _____



Guest Participation Form

Code of Conduct

Due to legal restrictions, it is necessary that all guests complete this form to be eligible to attend any North Carolina HOSA event. This form should be returned to the HOSA Chapter Advisor who will make a copy for his/her records and forward all forms to North Carolina HOSA. Please make sure this form is turned in by the appropriate conference deadline.

A good reputation enables you to take pride in your organization. HOSA members and advisors have an excellent reputation of standards to uphold. As a guest, your conduct at any HOSA function should enhance the reputation that has been established.

1. Behave in a courteous and respectful manner, refraining from language and actions that might bring discredit upon themselves, their school, other delegates, advisors, or upon HOSA.
2. Obey all local, state, and federal laws.
3. HOSA name badge and proper attire must be worn at all times.
4. Guests are to report any accidents, injuries, or illnesses to their local advisor immediately.
5. If a guest is responsible for stealing, vandalism, or improper behavior, the guest will be expected to pay any and all damages. Violators will be removed from the conference at their expense.
6. Guests may NOT use or have in their possession any drugs, alcohol, vape or tobacco products at any time. Violators will be removed from the conference at their expense.
7. Only individuals assigned to a hotel room are permitted to be in that room. No students or guests, regardless of gender, who are not assigned to the room may be present without prior approval from a chapter advisor or chaperone. If approval is granted, the door must remain open at all times.
8. Observe the curfew hour of events as listed in the conference program and keep local advisor informed of activities and whereabouts at all times.
9. Guests are not permitted to utilize the gym, pool facilities, or other unauthorized spaces at any time during the conference.

I have read the above Code of Conduct for HOSA activities and agree to abide by these rules established by North Carolina HOSA. I understand that if the guest disregards these rules, they will be subject to disciplinary action and may be sent home at their own expense.

Photo Release

By attending this event, the guest consents to North Carolina HOSA taking photo/video of the guest during the event. North Carolina HOSA is authorized to use and publish these photos/videos in print and/or electronically and may use these photos/videos for any lawful purpose, including for example: publicity, illustration, advertising, and Web content.

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Guest Participation Form

Medical Liability Release

DIRECTIONS: Due to legal restrictions, it is necessary that **all** conference attendees complete this form to be eligible to attend any HOSA Leadership Conferences. This form should be returned to the HOSA Chapter Advisor who will forward a copy of the form to NC HOSA. The original forms must be maintained by the local advisor and travel with the advisor. Please TYPE or PRINT all information. Check conferences you may be attending. There is a separate form for the International Leadership Conference.

HOSA Activity:

☐ NC HOSA Regional Leadership Conference 2025

☐ NC HOSA State Leadership Conference 2026

Participant's Name _____ Date of Birth: _____

Telephone #: _____ Home Address _____

Parent/Guardian Name (for guests under age 18) _____

Parent/Guardian: Home#: _____ Work#: _____

Alternate/Emergency Contact: _____

Telephone #: Home: _____ Work: _____

Physician: _____ Phone: _____

Physician Address: _____

Are you covered by group or medical insurance? ☐ Yes ☐ No If yes, name of insured: _____

Insurance Company: _____ Group #: _____ Policy #: _____

Allergies or reactions to any medications: _____

Physical handicaps: _____

Convulsions/Seizures: ☐ Yes ☐ No; Blackouts/Fainting: ☐ Yes ☐ No; Heart or Lung problems: ☐ Yes ☐ No

If yes, describe: _____

Diseases/Illness: _____

Other: _____

If currently taking medication, please provide the following information:

a. Name/Dosage of Medication(s) _____

b. Prescribing Physician _____ Physician's Phone _____

GUEST/(PARENT/GUARDIAN if UNDER AGE 18): Please check one of the following and sign your name.

☐ I give my 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.

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LIABILITY RELEASE

I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage and medical expenses during any HOSA related trip. I hereby release the HOSA, Inc. Board of Directors, the International Staff, NC-HOSA Board of Directors, NC HOSA Staff, North Carolina Department of Public Instruction, State and Local HOSA Associations, 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.

As with any social activity, participation in HOSA events could present the risk of contracting COVID-19 or other communicable illnesses. While HOSA and the hosting facilities take safety and preventative precautions, HOSA cannot guarantee the absence of communicable illness. By signing this form, you acknowledge and accept full responsibility for any risks associated with travel, including but not limited to the potential exposure to or contraction of communicable illnesses such as COVID-19. You agree that any such risks are assumed at your own discretion and liability.

By signing this form, you are verifying that you have read the Code of Conduct, Dance Dress and Conduct, Medical Liability Release, and the Photo Release sections – one signature applies to all sections of the form.

Print Name of Guest Participant	Guest Participant Signature	Date
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Print Name of Parent Guardian	Parent Guardian Signature	Date
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(Applicable for delegates under the age of 18 and must be signed by the parent or legal guardian.)

Print Name of Local Advisor	Local Advisor Signature	Date
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