



# 2025-2026 State Officer Candidate Guide





## 2025-2026 Nevada HOSA State Officer Candidate Packet

**CONGRATULATIONS!** The decision to run and serve as a Nevada HOSA state officer sets a person apart as one of the most dedicated and driven leaders in our organization. State officers serve as the leaders of Nevada HOSA and represent the organization to industry professionals, community leaders, education officials, community partners, and, most importantly, the state membership.



Running for office and serving as a state officer will be a positive, life-shaping opportunity. The *Nevada HOSA State Officer Candidate Packet* details the important issues of state officers and provides the specific election process, procedures, and applications.

**\*\*\*NEW THIS YEAR: The State Officer Candidate Exam will be held online prior to the SLC; interviews will begin the morning of Day 1 at the SLC.\*\*\***

Nevada HOSA does not discriminate against any person based on race, color, national origin, sex, disability, or age and provides equal access to other groups.

## IS RUNNING FOR STATE OFFICE RIGHT FOR ME?

The opportunities provided to state officers are tremendous, and many of the state officer alumni count their time as officers as a pivotal experience in their lives. Along with the opportunities and benefits of being an officer come many important responsibilities. Those interested should carefully consider the decision to run for state office and what it requires.

The average state officer will spend five to ten hours a week working on their state officer assignments and responsibilities. Prior to state officer meetings, conferences, and HOSA events, the required time tends to spike as officers finalize preparations and polish up assignments. It is important to realize that, although academics remain the number one priority, officers will not be able to fall behind in their responsibilities as



HOSA officers. Officers will be required to participate in the team decision-making process, perform their assigned tasks, and attend all required conferences and events.

It is important to understand that if elected, officers will be required to attend conferences, officer meetings, and HOSA events throughout the year. Officers will not be allowed to leave early, come late, or miss any parts of these events (except in the case of an extreme emergency) without permission. Officers have frequently had to miss out on big games, dances, trips, etc. because they conflicted with their state officer responsibilities. The expectation is that state officer responsibilities and commitments will take priority after an officer's academics.

Anyone willing to make this kind of commitment and that has the drive to succeed and the encouragement and dedication to get the job done should seriously consider running for state office! If unsure, it is recommended members consult with their local advisor and get their opinion and advice. Those who decide to run for office can be assured that holding state office will be one of the most memorable experiences of their life and one of the most effective career preparation experiences they could ever have while in high school.



**To be an eligible candidate the following must be included as part of the officer application and received by the stated deadline:**

1. Complete the following forms including necessary signatures (all of these forms are included in this packet). You will want to scan and save them individually, or take photos of each form and save the photos individually:
  - a. General Application
  - b. State Officer Candidate Agreement
  - c. Student Conduct Agreement
  - d. State Officer Travel Authorization
  - e. School Administrator Statement of Support
  - f. State Officer Medical Release Form
  - g. Current Transcript (unofficial is okay)
  - h. One-page typed essay "Why I want to be a Nevada HOSA State Officer?"
  - i. One copy of resume
2. Application Materials must be submitted via online submission. Do not mail anything!

**STATE OFFICER CANDIDATE APPLICATION DEADLINE**

**February 07, 2025**

All forms must be **TYPED and uploaded** using the link below by the deadline.

Please do not mail, fax, or email any files. The Candidate Application should be uploaded all in one sitting and can be uploaded online at the following site:

<https://nevadahosa.org/state-officers/>

**ELECTED OFFICES**

Please see the officer positions that are available for the 2025-2026 term.

**State President** (Secondary or Postsecondary level)

**Northern Region Vice President** (Secondary and must be from Churchill County, Elko County, Eureka County, Humboldt County, Lander County, Pershing County, Washoe County, or White Pine County.)

**Western Region Vice President** (Secondary and must be from Carson City, Douglas County, Lyon County, Mineral County, or Storey County.)

**Southern Region Vice President** (Secondary and must be from Clark County, Esmeralda County, Lincoln County, or Nye County.)

**State Secretary** (Secondary)

**Postsecondary Vice President** (Postsecondary)

## ELIGIBILITY

The State officers shall meet the following criteria:

1. Are active members for at least one year prior to election.
2. Are endorsed by the Chapter, Chapter Advisor, school principal, and parent if enrolled in a secondary program.
3. Are endorsed by the Chapter and Chapter Advisor if enrolled in a Postsecondary/Collegiate program.
4. Satisfactorily pass a qualifying exam.
5. Submits a State Officer Candidate Application Form to the State Management Team by the designated deadline.
6. Have a cumulative GPA of 2.5.
7. Submit to a qualifying process as established in policies and procedures during the State Leadership Conference.
8. If elected must sign a contract of duties.
9. Members of the State Officer Team are limited to two terms.

## NOMINATION

1. Each chapter can have as many applicants as they want. The slating committee will only slate two candidates per chapter, unless there are 6 or less candidates total. The officer candidate shall attend the annual State Leadership Conference to seek election as a state officer.
2. Completed state officer applications must be received by Nevada HOSA by the stated deadline. The application must be submitted online – please do not mail, fax, or email anything!

## CANDIDATE PROCESS

1. To be eligible to run for state office a candidate must submit the application and take the State Officer Candidate Exam Prior to the NV HOSA SLC.
2. A Nominating Committee will be made up of the following committee members.
  - One Board Member as appointed by the Board of Trustees Chair
  - One State Officer as appointed by the Management Team (this officer may not have a candidate for office from their current or previous chapter)
  - One Qualified Advisor
    - The Qualified Advisor:
      - \* must not have a current state officer from their chapter
      - \* must not have a current candidate for state office from their chapter
      - \* must not serve on the Board of Trustees

- \* must fill out a simple form declaring interest in serving
- \* will be selected randomly from qualified advisors who declared interest
- Three Qualified Members, one from each region
  - The three Qualified Members:
    - \* must not have a current state officer from their chapter
    - \* must not have a current candidate for state office from their chapter
    - \* must fill out a simple form declaring interest in serving
    - \* must not be in the same chapter as anyone else serving on the committee
    - \* will be selected randomly from qualified students who declared interest
- One Nevada HOSA staff member (such as the state officer coach or the courtesy corps manager) who serves as a non-voting facilitator to advise on region boundaries, processes, and qualifications

The Nominating Committee will interview all candidates at the SLC and slate each candidate for a specific office. The Nominating Committee will submit the slate of candidates to the voting delegates. Applicants will be notified of the interview schedule with the nominating committee. Interviews will take place at the SLC. Slating will be posted at SLC outside of Conference Headquarters after interviews with the Nominating Committee.

3. All candidates will give their campaign statement during the opening session of SLC on March 05, 2025.
4. State officers will be elected by the entire delegate assembly after recommendation from the nominating committee. Each active chapter is allowed two (2) voting delegates.
5. State officers shall be elected by electronic ballot at the annual State Leadership Conference during the Business Meeting. A plurality shall elect. In the event of a tie vote, the scores of the test will be used to break a tie.
6. State officers serve from the close of the State Leadership Conference they are elected at through the conclusion of the next State Leadership Conference.

## GENERAL DUTIES OF STATE OFFICERS

- Lead the general student membership of Nevada HOSA.
- Establish an annual Program of Work composed of team and individual goals that will benefit Nevada HOSA.
- Communicate regularly and respond promptly to all inquiries for information. All correspondence must be reviewed by state staff.
- Represent Nevada HOSA with excellent standards of professionalism, etiquette, and public relations to promote HOSA.
- Conduct chapter visits throughout the state.
- Submit articles for the Nevada HOSA newsletter and National HOSA e-Magazine.
- Generate social media updates.
- Complete all required reporting documents and keep state staff updated on progress.
- Contribute to the planning, preparation, and implementation of Nevada HOSA conferences, including but not limited to the Fall Leadership and State Leadership Conferences.
- Work with Board of Trustees and state staff to lead Nevada HOSA membership.
- Fulfill the duties of appointed office, including attendance at **all** meetings, events, and conferences.
- Complete all assignments and projects in a timely manner.
- Submit reports on officer projects and activities that benefit HOSA.

NO campaigning is allowed prior to or during the State Leadership Conference. Campaigning may begin once the slate is announced.

Candidates cannot create or distribute campaign materials, including but not limited to: stickers, buttons, brochures, and pamphlets. Candidates cannot use social media sites, including Facebook, to campaign. All candidate promotion must only be done by word of mouth.



### GENERAL APPLICATION

INSTRUCTIONS: Complete and return this form as instructed in the State Officer Candidate Packet with supporting documentation. **Forms must be typed.**

Name of Nominee

Date of Application

Date of Birth

Grade Level

Expected date of graduation

Home Address

E-mail Address

Telephone: Home (\_\_\_\_)\_\_\_\_ School: (\_\_\_\_)\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_

Name of Chapter/School

School Address

Advisor's Name

STATE OFFICER POSITIONS:

- State President
- Northern Region Vice President
- Western Region Vice President
- Southern Region Vice President
- State Secretary
- Post-Secondary Vice President

CANDIDATE'S PREFERENCE OF OFFICE:

- 1st Choice
- 2nd Choice
- 3rd Choice

ALL HOSA and or other office(s) held





Honors/awards received

What characteristics, abilities, and experiences do you have which make you believe you are a good choice for a state officer?

Describe your participation in your local HOSA chapter.

Participation in other activities (school, community, etc.)

Advisor's comments:

\*Can attach separate paper.

Submit this application and other necessary forms as outlined in this Nevada HOSA State Officer Candidate Packet to the online submission portal on the NV HOSA website. All forms must be received by Nevada HOSA by January 26, 2024.

## RESUME FORMAT REQUIREMENTS

INSTRUCTIONS: Candidates are required to submit one (1) copy of their resume with this application. Resumes must follow these format requirements. Any resumes that do not follow the requirement **will NOT** be accepted. *The candidate resumes will be provided to the Nominating Committee members and Voting Delegates so that they can learn more about you as a candidate.*

**Paper Size:** 8 ½ x 11 format

### What **MUST** be included on your resume (in any order):

- Your full name, school, state, and current grade level. (Do not use home address or phone numbers)
- HOSA Achievements (i.e. Offices held at the local, state and national levels)
- Number of Years as a HOSA member
- Other Achievements (i.e. Honors, awards, offices held in other organizations)
- Summary Statement explaining: "Why You Want to Be A HOSA State Officer."

Your **one-page** resume must include the above information but is not limited to only those topics. **It is acceptable but not required to use a photo, but the photo also must be black and white.**

**The resume is not to be confused with the "General Application" which is part of this candidate guide.** This resume is in addition to the General Application.

The resume must be in a professional business format (not in a campaign flyer format). Any resume not in compliance with the above guidelines will not be distributed.

## STATE OFFICER CANDIDATE AGREEMENT

### Purpose:

Becoming a Nevada HOSA State Officer requires a commitment on the part of all parties concerned. In order to make that commitment, each party must understand their responsibility to this leadership training experience. For a candidate to be eligible for office, all parties indicated *must* sign this agreement. State officer candidates should understand that, if elected, attendance at *all* state officer meetings and activities is mandatory and that failure to attend any of these meetings can result in their removal from office, except for emergencies/unsafe traveling conditions. They should also understand that they may be removed from office if in the opinion of the State Management Team they fail to comply with State Officer responsibilities/assignments or participate in activities/conduct which would reflect negatively on Nevada HOSA or the State Officer Team.

### If elected, the candidate agrees to:

1. Attend and participate in all meetings (including, but not limited to, state officer meetings, state officer training's, district, regional, state and international conferences) and attest that; "I fully understand the responsibilities and obligations of the position I seek and, if elected, will carry them out to the very best of my ability. I further understand that if, in the opinion of the majority of the Management Team, State Officer Coach, or the Executive Director, I fail to fulfill my responsibilities and obligations of office, and/or I violate the Nevada HOSA Conduct Code, I can be removed from office. Should I fail to complete the duties of my office, I will be liable to return to HOSA the amount expended for my participation during my term in office."
2. Perform to the best of his/her ability the duties of the elected office.
3. Maintain a GPA of 2.5 or better based on a 4.0 scale during their term of office.
4. Maintain active membership in a Secondary or Post-Secondary chapter by signing up for membership and paying national and state dues.
- 5. For the 2025-2026 school year, the Nevada HOSA State Officer Team is expected to travel starting in July 2025.**
6. Participate in **ALL** activities scheduled by the Executive Director, State Advisor, or State Officer Coach of Nevada HOSA, including, but not limited to:

March 6, 2024	NV HOSA Onsite Newly Elected Officer Training
May TBD, Online	NV CTSO Officer Training Online
June 18-21, 2025	International Leadership Conference in Nashville, TN (This is an optional event.)
July 15-17, 2025	NV CTSO Officer Training Stateline. NV
September TBD, 2025	Washington Leadership Academy
January TBD, 2026	State Officer SLC Planning Meeting, TBD, NV
March TBD, 2026	State Leadership Conference, TBD, NV

*In addition to the required state officer events above, additional travel will be required for chapter visits and other opportunities that may arise throughout the year.*



**The Parent(s) and Candidate Agree To:**

1. Authorize the release of scores received for the Officer Candidate Exam to the members and advisors of HOSA.
2. If elected, authorize the candidate's cell phone number to be printed on his/her official business cards, if applicable, unless alternative arrangements are requested in writing to State Staff.
3. Grant permission to Nevada HOSA and its staff/contractors, State Department of Education, and sponsors/supporters to use the above delegate's name and likeness (including photographs, video footage, silhouettes, and audio clips) in publications, productions, promotions and on websites for informational, promotional and other related purposes without further consideration, and acknowledge the right of Nevada HOSA to crop, treat, edit, or otherwise modify the photographs, video footage, silhouettes, and audio clips at their discretion.
4. Pay for certain costs associated with being a State Officer may arise throughout the year.

**The Parent(s) Agree To:**

1. Permit the candidate to participate in all scheduled Nevada HOSA activities, State Officer meetings, chapter visits, and other official officer duties.
2. If the student is elected, permit, and in the case of parents, authorize the student to visit Nevada schools and participate in Nevada HOSA chapter activities for the purpose of conducting official HOSA state officer business.
3. Encourage the candidate to take full benefit of the leadership development experience.
4. Attend any scheduled Nevada HOSA activities when they so desire.

**The Advisor(s) and All School Officials Listed Below Agree To:**

1. Recommend for state office only those candidates who are qualified. (See information provided.)
2. Ensure the candidate's attendance at all Nevada HOSA activities.
3. Permit the candidate to visit Nevada schools and participate in HOSA chapter activities for the purpose of conducting official NV HOSA State Officer business.
4. Certify that the candidate has earned a GPA of 2.5 (4.0 base) or better for the term preceding the election and that officer maintains this during their term of office.
5. Read the Candidate Agreement and Participant Code of Conduct and discuss it with the student.

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chapter Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

### STUDENT CONDUCT AGREEMENT

*The following conduct policies apply to all state officers and will be in effect for the full duration of their term of office. Official conferences and activities begin when the officer leaves home for the event and ends when they return home, therefore this code is in effect throughout this entire period of time.*

*"I agree to follow the State HOSA Officer Code of Conduct while I am representing Nevada HOSA as a member of the State Officer Team. I will resign from my office if I fail to follow this code."*

- I will not possess or consume any alcoholic beverages, tobacco products, or illegal substances of any kind.
- I will follow the established curfew. Curfew means I am quiet and in my own room with only those assigned to be there.
- I will always apply appropriate leadership principles. These include but are not limited to the following: consensus building, compromising, listening, respecting other people’s opinions and possessions, maintaining enthusiasm and involvement, and conflict resolution through open communications.
- I will wear appropriate dress at all official functions. Denim and jean-like apparel are appropriate at certain dances, but not during any other official sessions or meetings.
- I will not be engaged in any inappropriate or illicit behavior. I will immediately remove myself from all situations that could compromise my professional image.
- I will not deface public property. I will be responsible for any damage caused to rooms or facilities.
- I will keep the state HOSA staff informed of my whereabouts and activities at all times, where the activities are an official function of my office, or while I am in their charge.
- I will be prompt and prepared at all times. I will carry out my duties and responsibilities to the best of my abilities. I will always conduct myself in a professional manner as a representative of HOSA.
- I will attend all official conference activities unless I receive proper approval from state staff to be absent. If I am unable to participate in all required State Officer meetings, I will resign from my office. Special permission must be received from the state advisor or state officer coordinator to be excused from required meetings.
- I will keep my chapter advisor informed of all official correspondence. I will forward a copy of all official correspondence written by me to the state office.
- I will follow my local school policies where they are more restrictive than the state policies and guidelines.
- I am responsible for reporting any violations of these codes of conduct committed by myself or by fellow officers.
- I will participate in all activities required of me at a conference, meeting, or official state officer function.

If other situations arise that are not covered by the Code of Conduct for State HOSA Officers, I will use my best judgment in the situation. Above all I will try to act in such a way that I will reflect positively on Nevada HOSA.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Date



**STATE OFFICER TRAVEL AUTHORIZATION**

**To be completed for each official state officer meeting/event.**

Event or Meeting Description: **All State Officer Responsibilities During Term in Office**

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

School Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Transportation plan for arriving at the event/meeting:

\_\_\_\_\_

If you will be staying overnight at a location other than your home on your way to the event/meeting (meaning before you are with NV HOSA chaperones), please describe the location, address, phone number, and name of the chaperone at this location.

\_\_\_\_\_

\_\_\_\_\_

Transportation plan for returning home from the event/meeting:

\_\_\_\_\_

If you will be staying overnight at a location on your way home from the event/meeting (meaning after you have left the care of NV HOSA), please describe the location, address, phone number, and name of the chaperone at this location.

\_\_\_\_\_

\_\_\_\_\_

All students must adhere to their local school district’s student transportation policy and procedures. Please attach a copy of the completed district form pertaining to student travel for this event — **or** — **complete the form on the next page.**





**Initial each of the following that apply:**

The above-named student may drive herself/himself to the above function as part of her/his official responsibilities.

The above-named student will be transported to the above function as part of his/her official responsibilities by means of  parents and/or  public transportation (Check One).

The above-named student will be allowed to ride with \_\_\_\_\_, another State Officer, to get to and/or from the above function as part of her/his official responsibilities.

The above-named student will be allowed to ride with other state officers DURING the State Officer Meeting as needed to facilitate transportation. "During" is defined as the time between the scheduled start and finish of the meeting as outlined in this document. (If you do not want your child riding with other officers black out the "X" next to this item and initial to the left of it)

The Transportation Consent Form includes two pages. By signing below the parties agree to abide by all policies and information included on both pages of this form.

As a school district official, my signature below verifies that the above modes of transportation are not in violation of the \_\_\_\_\_ School District student transportation policy.

\_\_\_\_\_  
School Administrator

\_\_\_\_\_  
Date

I agree to adhere to the above-named school transportation policy and modes of transportation.

\_\_\_\_\_  
State Officer Signature

\_\_\_\_\_  
Date

I agree to allow my child to use the above-named mode(s) of transportation and give permission for my child to attend this meeting.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



**SCHOOL ADMINISTRATION STATEMENT OF SUPPORT  
NEVADA HOSA STATE OFFICER CANDIDATE APPLICATION**

*Candidates need to secure the official endorsement of their HOSA chapter advisor and school administrator as an officially supported state officer candidate.*

I understand that **HOSA** is a national and state organization officially endorsed by the U.S. Department of Education and sponsored by the Nevada Department of Education as a co-curricular and integral instructional tool of the classroom.

I understand that \_\_\_\_\_ (candidate name) has been officially endorsed by our school’s HOSA chapter, our HOSA chapter advisor, and his/her parents/guardians to seek Nevada HOSA State Office.

I understand that if the above-named student is successfully selected to serve as a State Officer that he/she will be required to attend meetings, leadership conferences, and education activities that on occasion may occur during the regular instructional period.

Our school agrees to maintain an active local HOSA chapter and chapter advisor during the above-named student’s term of service as a Nevada HOSA State Officer.

Our school agrees to support the above-named student’s duties and responsibilities as a Nevada HOSA State Officer including approval of absences or providing chaperones for Department of Education or Nevada HOSA official functions. We also understand that it is the local chapter’s responsibility to comply with any school district policies and practices regarding a state officer’s participation in Nevada HOSA official functions.

I understand that serving as a Nevada HOSA State Officer is a position of high honor and important responsibility to our school, community, and the citizens of Nevada. Our school pledges to work in partnership with the Nevada Department of Education and Nevada HOSA to ensure the success of the above-named student’s leadership, academic, and career pursuits while serving as a State Officer.

**AUTHORIZED BY:**

\_\_\_\_\_  
Print Name of Administrator

\_\_\_\_\_  
Print Name of Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Title of Administrator

\_\_\_\_\_  
Print Title of Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Signature of HOSA Advisor

\_\_\_\_\_  
Date



**STATE OFFICER MEDICAL RELEASE FORM**

**DIRECTIONS:** All State Officers and their parent/guardian must complete this form. *This authorization is valid through your term as a State Officer. PLEASE TYPE OR PRINT NEATLY ALL INFORMATION. Retain a copy for your files.*

**STATE OFFICER NAME**

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Local Advisor \_\_\_\_\_ School Name \_\_\_\_\_

Principal \_\_\_\_\_ School Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell \_\_\_\_\_

Alternate Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell \_\_\_\_\_





**MEDICAL BACKGROUND**

Please completely describe any medical condition which may recur or be a factor in medical treatment. Use **N/A** if not applicable. **Please mark N/A on any blank lines**

- 1) Allergy\_\_\_\_\_
- 2) Physical Handicap\_\_\_\_\_
- 3) Convulsions\_\_\_\_\_
- 4) Medicine Reactions\_\_\_\_\_
- 5) Blackouts\_\_\_\_\_
- 6) Disease of Any Kind\_\_\_\_\_
- 7) Heart or Lung Problems\_\_\_\_\_
- 8) Other (Please be specific)\_\_\_\_\_
- 9) Asthma\_\_\_\_\_
- 10) Epilepsy\_\_\_\_\_

If currently taking any medication, please provide the name of the medication\_\_\_\_\_

Physical restrictions, food allergies or other conditions that should be known? \_\_\_\_\_

**INSURANCE INFORMATION**

Are you presently covered by group/medical insurance? \_\_\_Yes \_\_\_No (*if yes, complete the following*):

Name of Insured\_\_\_\_\_

Insurance Company\_\_\_\_\_ Group #\_\_\_\_\_ Policy #\_\_\_\_\_

Physician's Name\_\_\_\_\_ Telephone\_\_\_\_\_

Office Address\_\_\_\_\_ City\_\_\_\_\_

PARENT/GUARDIAN: (if under 18 years of age) Please check one of the following and sign your name.

- \_\_\_\_\_ A. I give my permission for immediate medical treatment if required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.
- \_\_\_\_\_ B. I do not give my permission for medical treatment until I have been contacted.

Parent/Guardian Signature:\_\_\_\_\_



**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, health, and medical wellbeing. I understand that the association and its agents/contractors are not medical professionals, and that communication of any health issues does not transfer responsibility for care, payment, or insurance coverage.

Further, on the behalf of the above-named student the undersigned absolve and release the school officials, the HOSA chapter advisors, the HOSA staff/agents/contractors from any claims for personal injuries/damages which might be sustained while he/she is en route to and from or during the HOSA officially sponsored activities.

I authorize the chapter advisor, HOSA staff/agents/contractors to secure the services of a doctor, hospital, or other medical attention for the above-named delegate. I will incur the expenses for necessary services in the event of accident or illness and provide for the payment of these costs.

We have read and agree to abide by the Participant Code of Conduct. Should a conduct code violation occur, law enforcement personnel and or security may be called to assist, and a conduct code committee may be called with the ultimate punishment being that the student may be disqualified and sent home at their/their family's expense and/ or be removed from office if in an officer status. If the delegate is sent home reasonable care shall be exercised to ensure a safe, expedient, and financially feasible mode of transportation back to the home community of the delegate involved. We are aware of the consequences that will result from violation of any of the above guidelines.

I hereby release the chapter advisor, HOSA staff and its agents/contractors or any designated individual in charge of group or specific activities from any legal and financial responsibility with respect to my personal or my student's/child's participation.

The Medical Release Form includes three pages. By signing below the parties agree to abide by all policies and information included on all three pages of this form.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chapter Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_