



Louisiana HOSA State Leadership Conference

Crowne Plaza, Baton Rouge, LA
March 2 - 3, 2020

I give permission for _____ (student) to attend Louisiana HOSA's State Leadership Conference to be held March 2-3, 2020, at the Crowne Plaza, Baton Rouge, LA.

I agree my child will abide by all rules regarding authorized and unauthorized areas of the Competition site. All participants must follow the assigned program schedule. I understand a professional and respectful attitude is required at all times.

I understand that student participants will be responsible for the cost of any incidentals or souvenirs they may desire.

I understand that my child will attend workshops during the conference, and that one or more workshops may discuss comprehensive sexual responsibility which may include but not limited to: information about STD's, HIV/AIDS, pregnancy prevention, contraception, and HPV vaccines. No contraception of any kind will be dispensed to any students.

Parent and student, please initial each section, showing your agreement with these statements:

_____ **Parent** _____ **Student**

I agree to hold harmless and indemnify Louisiana HOSA, National HOSA, Crowne Plaza, and all employees and board of Directors associated with same, for personal injuries or illnesses or damages that may occur while I am on the premises or traveling to or from the program as a participant of Louisiana HOSA's State Leadership Conference.

_____ **Parent** _____ **Student**

I have completed/provided the requested medical information, Code of Conduct, and Photo Release, and understand that if they are not received by the deadline along with this form, I will not be eligible to participate in the conference and competition.

_____ **Parent** _____ **Student**

I agree that failure to follow all conference rules may result in my parent/guardian being called to pick me up at the parent/guardian expense, and no conference refund will be given. I understand that any damage I cause to the conference facility and expenses incurred will be the sole responsibility of myself and my parent/guardian.

_____ **Parent** _____ **Student**

I understand that if I place in the top three, I may be asked to compete at the National Competition in Houston, TX in June, at my own expense. (not required)

Student Signature

Date

Parent or Guardian Signature

Date

Return this form to your child's HOSA Chapter Advisor