

Name/Photo/Video/Audio Release Form

Project Description: Health Occupation Students of America Web Site and/or publications

Use: Information

I, _____, in consideration of using my name, photograph, videotape, or otherwise recording me, hereby grant to Iowa Health Occupation Students of America the irrevocable right and license to use my name, and/or likeness on the Iowa Health Occupation Students of America Web Site and/or Iowa Health Occupation Students of America Publications.

I agree to hold Iowa Health Occupation Students of America harmless against any liability, loss or damage resulting from the use of my name, image and/or voice, and hereby release and discharge Iowa Health Occupation Students of America from any and all claims whatsoever in connection with such use of my name, image and/or voice.

Please fill out this form completely and return it to your local HOSA Advisor.

Student's Name: _____

Please Print

Address: _____

City/State/Zip: _____

Telephone: _____

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

I do not want my son/daughter information published

Parent/Guardian Signature: _____ Date: _____