



COVID Disclosure and Release Activity Participation Form Addendum

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Due to Mrs. Reed by Jan. 31st!

COVID DISCLOSURE AND RELEASE

ACTIVITY PARTICIPATION FORM ADDENDUM DURING COVID-19 PANDEMIC

Student Name: X

School: Skyline High School Grade: X

Parent/Guardian Name(s): X

Activity/Sport/Event/Field Trip: WAHOSA State Leadership Conference

COVID-19 NOTICE FROM ISSAQUAH SCHOOL DISTRICT ("DISTRICT")

The novel coronavirus ("COVID-19") has been classified by the World Health Organization as a global pandemic and has spread across the state of Washington. COVID-19 is a new disease and the state of scientific and medical knowledge regarding COVID-19 is limited and evolving. COVID-19 is reported to be highly contagious and spread easily from person to person. COVID-19 may result in serious illness, debilitating injury, or death. Older adults and people of any age, including children, who have serious underlying medical conditions might be at higher risk for severe illness or death from COVID-19.

The District has put in place measures in an effort to reduce the spread of COVID-19. However, notwithstanding any such efforts, it is simply not possible to guarantee that COVID-19 is not present nor to prevent you or your child from becoming exposed to, contracting, or spreading COVID-19. By entering District premises, attending school in-person, attending or participating in District activities in-person, and/or attending or participating in this Activity/Sport/Event/Field Trip ("Activity"), you and your child are exposed to the risk of contracting or spreading COVID-19. By participating in certain activities associated with greater rates of disease transmission, you and your child are exposed to a high risk of contracting or spreading COVID-19. Activities that may pose a high risk for COVID-19 include (but are not limited to): group transportation, singing, choir, exercise, athletics, any activity where people are closer than 6 feet apart, any large gathering of people indoors, and this Activity.

ASSUMPTION OF RISK, WAIVER OF LIABILITY, HOLD HARMLESS AGREEMENT

Assumption of Risk for COVID-19: I understand that my child's participation in this Activity is voluntary and is not required. By signing below, I acknowledge that I have carefully read the above; understand the risks of COVID-19 associated with entering District premises or facilities, attending school in-person, participating in District activities in-person, and/or participating in this Activity. I voluntarily assume such risks, including the risk of serious illness, debilitating injury, or death to my child and myself. By signing below, I further acknowledge that I understand that the risk of exposure to, contracting, or spreading COVID-19 may result from the acts, omissions, or negligence of myself and others, including but not limited to the District employees, agents, representatives, volunteers; other students, program participants, and their families; and/or other individuals who may be present in school facilities or in attendance at any school activity. I knowingly assume such risks, including the risk of serious illness, debilitating injury, or death to myself arising out of my child's participation in this activity.

Waiver of Liability/Hold Harmless: By signing below, and in consideration for providing my child the opportunity to participate in the Activity, I voluntarily agree to waive and discharge any and all claims against the District related to or arising out of COVID-19, and voluntarily release the District from liability for any exposure to or illness or injury from COVID-19, including claims for negligent actions of the District or its employees, agents, representatives, and volunteers related to or arising out of COVID-19, on behalf of myself to the fullest extent allowed by law. By signing below, and in consideration for providing my child the opportunity to participate in the Activity, I agree to release, discharge, and hold harmless the District and its employees, agents, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from COVID-19.



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I certify that I am the parent and/or legal guardian of the above-named student OR am the above-named student and am 18 years of age or older, that I have read and understand the foregoing, and accept and agree to be bound by the terms and conditions of the above.

Signature of Parent/Legal Guardian/Student at least 18 years old

Date

X

Signature of Parent/Legal Guardian

X

Date

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Medical Liability Release Form

Due to legal restrictions, it is necessary that all student delegates complete this form to be eligible to attend WA HOSA Leadership Conferences. Local Advisors should collect completed forms from each student delegate and submit them to WA HOSA personnel at conference registration. Advisors are responsible for having copies of all forms with them during the conference.



PLEASE PRINT ALL INFORMATION IN PEN

Student Delegate Name _____

Parent/Guardian Name _____

Home Address _____

Home Phone (____) _____ Cell Phone (____) _____

Alternate/Emergency Contact Name _____

Home Phone (____) _____ Cell Phone (____) _____

Local Advisor Name Cheryl T. Reed

School/Chapter Name Skyline High School #55018

Delegate is covered by group or medical insurance? _____ No _____ Yes (If "Yes", provide the following)

Insured's Name _____ Insurance Company _____

Group # _____ Policy # _____

Physician Name _____ Phone (____) _____

Physician's Address _____

Please describe any medical condition(s) which may recur or be a factor in medical treatment.

- a. Allergies: _____ e. Physical Handicap: _____
- b. Convulsions: _____ f. Medicine Reactions: _____
- c. Blackouts: _____ g. Disease of any kind: _____
- d. Heart/lung issues: _____ h. Other: _____

If currently taking medication(s), please list below.

Medication(s) _____

Parent/Guardian (or Student Delegate if at least 18 years of age), please check one of the following:

- I give permission for immediate medical treatment as recommended by an attending physician and/or other qualified healthcare provider. 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.

LIABILITY RELEASE

I certify that the information provided is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage during this trip. I hereby release the National HOSA Board of Directors, the National Staff, 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.

Parent/Guardian's Signature X _____ Date X _____
(Applicable if student delegate is under the age of 18)

Student Delegate's Signature X _____ Date X _____

Local Advisor's Signature Cheryl T. Reed _____ Date 1/31/24

Due to Mrs. Reed by Jan. 31st!

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Student Delegate Code of Conduct

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. (WA HOSA conference name badges shall be worn at all times during the conference)
3. You are expected to attend all scheduled conference activities and appropriate competitive events. 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/guardians will be expected to pay any and all damages.
7. Members/participants attending the WA HOSA State Leadership Conference 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. Substance abuse (i.e. drugs, alcohol, smoking/vaping, etc.) is not permitted.
9. Students who disregard the rules will be subject to disciplinary action and will be sent home at their own expense. Parents/Guardians will be notified.
10. Any long distance phone calls, charges to the hotel room, etc. will be the responsibility of the individual student and/or parents/guardians.
11. Members are to abide by the WA HOSA attire policy at all sessions and workshops.

In signing below, I indicate having read the Code of Conduct and agree to abide by these rules.

X _____
Printed Name of Student Delegate

X _____ X _____
Student Delegate Signature Date

X _____
Printed Parent/Guardian Name

X _____ X _____
Parent/Guardian Signature (if student delegate is under the age of 18) Date

X _____ Parent/Guardian or Student Delegate (if 18+ years of age) Initials
Initialing signifies permission for WA HOSA to make photographs, videotapes, broadcasts, and/or sound recordings, separately or in combination, of student delegates available for reproduction for educational and promotional purposes by International HOSA or WA HOSA.

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Series 2000: Instruction

Field Trip Form - 2320F2e

FIELD/ACTIVITY TRIP - PARENT/GUARDIAN PERMISSION FORM

ASSUMPTION OF RISK/PERMISSION TO PARTICIPATE

As a parent or guardian of a student requesting to voluntarily participate in a field trip, I hereby acknowledge that I have read, understood and agreed to the following:

Paid Online	
Receipt Attached	

Field Trip Destination Spokane Convention Center Purpose WAHOSA State Leadership Conference

I hereby give permission for _____ who attends Skyline HS
(Print Student's Name) (School Name)

to participate in a field trip on (date(s)) 3/14/2024-3/16/2024 . Time involved: From 9:45AM To 6:00PM

Type of Transportation:

- District Vehicle by district staff
- District is not providing transportation. Parents arrange transportation for their student.
- Private Vehicle by District staff
- Private Vehicle by Volunteer/Parent (volunteer driver checklist on file)
- Other (e.g. - walk, metro bus, air, train) Description: Walking to convention center/hotel/food court

Student's Address: _____ City: _____ Cell _____

Parent's Phone: Home _____ Cell _____ Student Birthdate _____

Family Physician: _____ Phone _____

_____ Medical conditions, medication information or allergies the district should be made aware of.

_____ I certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity.

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

Name _____ Phone # _____

I understand that all school and District policies are in effect on this trip.

I understand that this is a school sponsored activity and is governed by the regulations and procedures of the Issaquah School District.

I acknowledge that this activity entails known and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I agree to hold and save harmless the Issaquah School District, its School Board and Employees, and assigns for any claims, suits, or damages (including but not limited to defense and indemnification) which might result from my child participating in the above-described event/activity.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither s/he nor the Issaquah School District assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. I understand that I am responsible for any costs associated with an accident or injury. My child has medical/accident insurance: Yes _____ No _____

[To be completed by ISD staff] Required attachments checked below:

Extended Trip Itinerary	YES	Challenge/Ropes Course Release	NO	Water Activity Release	NO
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Being fully informed as to these risks, I hereby consent to my child participating in this Field Trip.

Signature of parent/guardian _____ Date _____ Work/Daytime Phone _____

Important!

Additionally, in signing I agree to pay my student's share of the travel expenses should they no longer be able to attend the conference for any reason. I understand my student will not be registered for the conference if I do not agree to this term.