

**Business Professionals of America, Ohio Association
State Leadership Conference
Attendance and Emergency/Medical Release Form
*(To be completed for each participant attending the conference)***

ATTENDANCE

This is to certify that _____ has permission to attend the March 15-16, 2012, State Leadership Conference. I release Business Professionals of America, Ohio Association and its staff from claims for personal injuries or illness which might be sustained while en route to and from or during the Business Professionals of America, Ohio Association sponsored activity.

EMERGENCY

I authorize the advisor to secure the services of a physician or hospital in the event of accident or illness, and I, as parent/guardian, will incur the expenses of the services provided.

We have read and agree to abide by the terms listed above. We also agree that Business Professionals of America, Ohio Association has the right to send the above named student home from the activity at our expense, if he or she violates the conference rules and/or his or her conduct has become a detriment.

Parent/Guardian Signature

Phone

Insurance Company Name

Policy Number

Student Signature

The above named student has permission to attend the Business Professionals of America, Ohio Association 2012 State Leadership Conference in Columbus, Ohio.

Chapter Advisor Signature

School Official Signature