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# IMAGE RELEASE FORM

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

I give the Idaho Division of Career Technical Education (IDCTE) and the Idaho Association of Business Professionals of America (Idaho BPA) permission to use the image(s), photographs, film, tape, etc., taken of me while attending the State Leadership Conference. These image(s) may be used on the IDCTE, Idaho BPA website along with my name in conjunction therewith, if IDCTE or Idaho BPA so chooses. I understand that IDCTE or Idaho BPA may release these images at their discretion for event promotion.

I release and discharge the person(s) who took the image(s) of me, his/her heirs, executors, assigns and any designee from all and any claims and demands arising out of or in conjunction with the use of these images (photographs, film, tape), including but not limited to any claims for defamation or invasion of privacy.

I understand that I may be surveyed by IDCTE or Idaho BPA while attending the State Leadership Conference.

I am of legal age or am the parent/guardian of the above subject and have read the forgoing and fully understand the contents thereof.

Printed Parent/Guardian Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

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

Due to legal restrictions, all student delegates, parent/guardians, guests and IDAHO BPA Advisors must complete this form to be eligible to attend the Idaho BPA State Leadership Conference. This form should be completed, and a copy submitted to the advisor. Medical release forms must always be kept with the advisor during the conference.

**PARTICIPANT/GUARDIAN INFORMATION**

Participant Name \_\_\_\_\_ Guardian Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent/Guardian Cellphone # \_\_\_\_\_  
 Parent/Guardian Work Phone # \_\_\_\_\_  
 Parent/Guardian Home Phone # \_\_\_\_\_  
 Alternate Contact Name \_\_\_\_\_ Alternate Contact Phone \_\_\_\_\_

**Please check and describe any medical condition which may recur or be a factor in medical treatment:**

- ☐ Allergies: \_\_\_\_\_  
☐ Blackouts: \_\_\_\_\_  
☐ Convulsions: \_\_\_\_\_  
☐ Disease of any kind: \_\_\_\_\_

**Please list any medications you are currently taking:**

- ☐ Heart/lung problems: \_\_\_\_\_  
☐ Medicine reactions: \_\_\_\_\_  
☐ Physical handicap: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_  
 Physician Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOES THE STUDENT HAVE MEDICAL INSURANCE? ☐ Yes ☐ No  
 NAME OF INSURED INSURANCE COMPANY \_\_\_\_\_ GROUP  
 NUMBER POLICY NUMBER \_\_\_\_\_

**Liability release:**

I certify that the information described above is accurate and complete to the best of my knowledge. I understand that everyone is responsible for their insurance coverage during this conference. I hereby release IDAHO BPA Board of Directors, State and Local Chapter Advisors, the Idaho Division of Career Technical Education, and any designated individual in charge of the BPA chapter group or specific activity from any legal or financial responsibility concerning my personal or my child's participation in or contact with any known element associated with an activity including competitive events.

**Parent/Guardian/Participant: Please check one of the following and sign your name:**

- ☐ I permit immediate medical treatment as required in the attending physician's judgment.  
☐ I do NOT permit medical treatment until I have been contacted.

**PARENT/GUARDIAN'S SIGNATURE\*** \_\_\_\_\_ **DATE** \_\_\_\_\_ \*

*Required for student delegates under the age of 18.*

**STUDENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ADVISOR'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Advisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_