

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



2024 STATE LEADERSHIP CONFERENCE

MEDICAL RELEASE FORM

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 BPAState 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	Cuardian Namo			
Participant Name Address City Parent/Guardian Cellphone #	Guarulan Name	State 7ir	<u> </u>	
Parent/Guardian Cellphone #		5.6.6 21	/	
Parent/Guardian Work Phone #				
Parent/Guardian Home Phone #				
Parent/Guardian Home Phone #	Alternate Cont	act Phone		
Please check and describe any medical condition whi Allergies: Blackouts: Convulsions:	ch may recur or be a fa	ctor in medical tr	eatment:	
☐ Disease of any kind:				
Please list any medications you are currently taking: Heart/lung problems: Medicine reactions: Physical handicap: Other:				
Physician Name	Physician Pho	one		
Other: Physician Name Physician Address	City	State	Zip	
DOES THE STUDENT HAVE MEDICAL INSURANCE? NAME OF INSURED INSURANCE COMPANY NUMBER POLICY NUMBER	l Yes □ No			
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 ☐ I permit immediate medical treatment as required in judgment. ☐ I do NOT permit medical treatment until I have bee	n the attending physici			
PARENT/GUARDIAN'S SIGNATURE*		DATE	*	
PARENT/GUARDIAN'S SIGNATURE*_ Required for student delegates under the age of 18.		DAIL	 _	
STUDENT'S SIGNATURE		_DATE		
ADVISOR'S SIGNATURE		DATE		



Advisor Possession of Documents

Due January 12th

Email this form to: sydney.ledesma@cte.idaho.gov

Date __

CHAPTER ADVISORS: The Medical Release and Image Release forms will be your responsibility to obtain with and have with you at State Leadership Conference for each member attending, including yourself and any chaperones.

****YOU WILL NOT RECEIVE YOUR CONFERENCE PACKET IF WE DO NOT RECEIVE THIS FORM****

Advisor Name (print)	Chapter		
Cell Phone Number (at S <u>ta</u> te Leadership Conference)			
()			
Image Release forms for myself, all students, adults a	e required information and signatures on the Medical Release and and chaperones who will be representing my chapter at the Idaho 024 at The Boise Centre on the Grove. I also understand that I case of an emergency and for liability reasons.		
Forms enclosed for (list all participants requiring relea	ase forms):		

Advisor Signature ______