



**Fall Leadership Conference**

**Attendance and Emergency/Medical Release Form**

*(To be filled out for each participant attending the conference)*

**ATTENDANCE**

This is to certify that \_\_\_\_\_ has permission to attend the above named DECA activity. I also do hereby on behalf of him/her absolve and release Ohio DECA and the Ohio DECA staff from any claims for personal injuries or illness which might be sustained while he/she is en route to and from or during the DECA 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 Ohio DECA has the right to send the above mention student home from the activity at our expense, provided that he/she has violated the conference rules and/or his/her conduct has become a detriment.

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Insurance Company Name

\_\_\_\_\_  
Policy Number

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

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

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The above named student has permission to attend the Ohio DECA Fall Leadership Conference in Columbus, Ohio, on November 10, 2011.

\_\_\_\_\_  
Chapter Advisor Signature

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

\_\_\_\_\_  
School Official Signature