

STUDENT MULTIPLE RELEASE FORM

A separate form for each student is required at all state sponsored activities

Student Name	Adviser Name	School Name
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Date of Activities: May 1, 2017 to July 31, 2018

PARTICIPATION ACKNOWLEDGEMENT

I, the Adviser, hereby certify that this student has been authorized to represent our chapter as a participant/ delegate and has received instructions concerning the organization rules at state authorized activities.

Adviser Print Name	Signature	Date
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I, the student, do hereby verify that I have received the above information.

Student Print Name	Signature	Date
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MEDICAL RELEASE

I hereby authorize in advance any necessary medical treatment required for this student.

Parent/ Guardian Print Name	Signature	Date
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This student is presently under medical care. Yes No

If yes, explain: _____

Relationship to the student: _____

Home Phone No.: _____ Cell Phone No.: _____

Medical Insurance Co.: _____ Policy No.: _____

Name of Family Physician: _____

Any allergies, medications, etc.: _____

FCCLA RELEASE

I agree not to hold Colorado FCCLA, the State Board for Community Colleges of Colorado, or any of its agents, liable for any accident, illness, or injury to me during participation in any state authorized activity, including travel to and from activity sites.

Parent/Guardian Print Name	Signature	Date
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Student Print Name	Signature	Date
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PHOTO RELEASE

I hereby consent to and authorize the use and reproduction by Colorado FCCLA, the State Board for Community Colleges of Colorado, or any of its agents, any and all photographs/digital images/videotapes/recordings of this student taken at various locations, for use by the Colorado Community College System, its employees, officers and agents, and the right to copyright and/or use, reuse and/or publish, republish photographic pictures, digital images, videotapes and recordings in conjunction with (individual's name) I also give permission for these photographs/digital images/videotapes/recordings to be used in its entirety and/or edited version as deemed necessary by the Colorado Community College System (to include usage of images on Career and Technical Student Organizations websites). Furthermore, permission is also given for the photographs/digital/images/videotapes/recordings to be used by the Colorado Community College System at any time in the future without further clearance from me. I understand that these photographs/digital images/videotapes/recordings may be used for marketing purposes (including websites) by the Colorado Community College System.

I have read the foregoing release, authorization and agreement, before signing below, and warrant that I fully understand the contents thereof.

Parent/Guardian Print Name	Signature	Date
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Student Print Name	Signature	Date
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