



Health Science
Education

and

WV Health Occupations
Students of America



PUBLICATION RELEASE FORM

During participation in WV Health Science Education (HSE)/WV Health Occupations Students of America (HOSA) activities and events, students and student products are often photographed, audio and/or videotaped. The purpose of these materials is to showcase student work and participation. They are published in educational, instructional, and program materials in order to inform the community and other interested parties about HSE/HOSA activities and programs. The material may also be posted to the HOSA website. The goal is to positively recognize students and share the HSE/HOSA experience.

In consideration for the privilege of participating in educational, recruiting, and development related activities of HSE/HOSA, I hereby give my consent for _____ and his or her work to be photographed, audio and/or videotaped.

I further authorize HSE/HOSA to use the above mentioned material(s) in whole or in part, in any manner that they deem appropriate, including any reproductions thereof and to ***identify students appearing in reproduced material by full name in hard copy publications and by first name only in website publications.***

I also waive any right I may have to inspect and/or approve the material, and release the West Virginia Department of Education, West Virginia Coordinator of Health Science Education/WV State HOSA Advisor, and local HSE Teacher from any and all liability which could result from its use.

A copy of this form will be sent to the WV HOSA Office. The original form will remain on file in the student's classroom and in effect for the duration of HSE/HOSA participation.

Student=s Name: _____

Parent/Guardian=s Name: _____

Home Address: _____

Contact Phone Number: _____

Student=s Signature/Date

Parent/Guardian=s Signature/Date