



Competitor Participant Code of Conduct Regional Leadership Competitions – January

The HOSA State Office requires that each attendee read the Code of Conduct. Each student member must then submit a completed copy of the Student Authorization Form to their chapter advisor. Completed forms should be retained by the chapter advisor prior to the event to ensure the student has permission to attend the HOSA Regional Leadership Competitions.

1. The term “participant” shall mean any HOSA member participating in competition.
2. The attendee shall be an affiliated member and registered participant to compete. Attendees are encouraged to attend all sessions and follow competition rules and procedures. Participants will maintain a standard of ethics when competing and not reveal sensitive information to other competitors.
3. Student members shall acquire permission from their chapter advisors and parent/guardian to participate. Due to this being a local online event, the participant form shall be completed, collected, and maintained at the discretion of the local chapter and school.
4. Attendees will be prompt for all sessions and follow all competitive events policies, procedures, deadlines, and be familiar with modifications to events at:
 - a. <https://www.wihosa.org/competitive-events>
 - b. <https://www.wihosa.org/regional-leadership-conferences>
 - c. All CE-related questions can be directed to contactus@wihosa.org
5. No alcoholic beverages, tobacco, controlled substances, narcotics, etc., shall be possessed or consumed by attendees at any time, under any circumstances during participation in HOSA activities.
6. Participants agree to always conduct themselves in a professional and ethical manner and are expected to help ensure a safe and positive experience for everyone.
7. Unacceptable behavior will not be tolerated during any portion of the virtual conference. Unacceptable behavior includes but is not limited to: intimidating, harassing, abusive, discriminatory, derogatory or demeaning speech or actions, harmful or prejudicial verbal or written comments or visual images related to gender, sexual orientation, race, religion, disability or other personal characteristics, including those protected by law, nudity and/or sexual images which are explicitly prohibited, real or implied threat of professional or financial damage or harm, inappropriate disruption of competitions, photographing, video or audio recording of slides, oral presentations without presenter/author’s permission, violating the rules and regulations of the online platform. Report inappropriate behavior to contactus@wihosa.org. Consequences of misconduct may include immediate removal from the event without warning, restrictions from future HOSA events, termination of HOSA membership or positions on HOSA Boards or Committees, and notification of appropriate authorities.
8. Participants who violate or ignore any of the conference rules may be asked to leave the virtual event or will be removed by the session host. Parents, the chapter advisor, and school officials will be notified.
9. Student participants are responsible to follow their local school district rules of conduct.
10. Cell phone courtesy will be always expected. Participants should turn or silence off cell phones during sessions. General sessions may be recorded and shared with registered participants.

Reminders Pertinent to Virtual Conference Platform:

- Participant video cameras on during general sessions is optional and competitions for live events is required, unless requested to be turned off. Attendees who are presenting with video should be dressed in a professional manner or HOSA branded attire.
- Please keep audio muted unless speaking. In the event of an audio interference, the participant may be muted by the host.
- If possible, change display name to attendee’s first name, followed by chapter name in parentheses. Example: John (HOSA Central).

By attending any of the Wisconsin HOSA Regional Leadership Competitions, each participant is bound to this Code of Conduct and is subject to removal for violation of the terms and conditions.

Wisconsin HOSA-Future Health Professionals Participant Authorization Form Regional Leadership Competitions



Important! – Please Read: This form must be completed by each student member and returned to their chapter advisor. Completed forms should be retained by the chapter advisor prior to the event to ensure the student has permission to attend local chapter online competitions.

Student Authorization

I, _____ (**print name**), an active HOSA member, have read and fully understand the HOSA Participant Code of Conduct. I agree to follow these rules and am aware of the consequences that will result if I violate any of them. Furthermore, I understand and appreciate the importance of these rules for the success of the conference.

Student Signature	Date Signed
HOSA Chapter Name or School	

Chapter Advisor Authorization

I certify that the HOSA member named on this form has been authorized to represent our chapter as a member at Leadership Competitions. This student has received information and instructions concerning the HOSA Participant Code of Conduct prior to this event.

Advisor Name (print)	Advisor Signature	Date Signed
----------------------	-------------------	-------------

Parent/Guardian Authorization

My child, _____ (**print name**), has my permission to participate in this HOSA event. I have read and understand the HOSA Participant Code of Conduct and discussed with my child the rules and responsibilities he/she has to abide by. I agree that school officials, the chapter advisor(s), and/or the state HOSA staff have the right to remove my son/daughter from the activity if he/she violates the Code of Conduct or his/her conduct has become a detriment. I understand that my child may be photographed/recorded while attending this event, and give the Wisconsin HOSA and host site permission to use such media for any lawful purpose such as publicity, illustration, advertising, and web content. I also authorize the advisor to secure the services of a physician or hospital and to incur the expenses for necessary services in the event of an accident or illness. I agree to pay for any and all costs incurred. I understand that every effort will be made to supervise my child. **I release from liability** the Wisconsin Association of HOSA-Future Health Professionals, the School District of _____, and any supervisory staff should an accident or injury occur to the above-named child. This consent is valid with the exception of deliberate violation of the student's constitutional rights or damage committed or injury incurred as a direct result of employees not acting within the scope of their employment.

Parent/Guardian Name (print)	Parent/Guardian Signature	Date Signed
Daytime Phone # (area/number)	Cell Phone # (area/number)	
Student Insurance Company Name	Student Policy Number	