



Honoring excellence in school theatre

MISSOURI THESPIANS

An Educational Theatre Association affiliated chapter

Adult Consent Form: Medical Treatment, Acceptance of Rules/Regulations and Photo/Video

Conference 2013

Our policies/procedures require that this form related to health release, consent to emergency medical treatment, acceptance of rules/regulations, and photo/video release shall be completed for each delegate (student and adult) attending the annual Missouri State Conference.. If you approve medical treatment, in the event it would become necessary, please return this form completed and signed by all requested individuals. This form will be on file for all delegates and any costs of medical treatment will be the responsibility of the delegate and/or their legal guardian. Please make sure you read and fill out this entire form. **NO DELEGATE WILL BE ALLOWED TO ATTEND THE CONFERENCE UNTIL THE REGISTRATION CHAIR RECEIVES THIS COMPLETED FORM.**

TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK.

Delegate Information

_____		_____	_____
First Name	Last Name	Gender	T-shirt Size
_____		_____/_____/_____	
Troupe #	School Name	Birthdate	
_____		_____	
Address (street, city, state, zip)		Cell phone # w/area code	
_____		_____	
Spouse/next of kin		Contact phone # w/area code AT CONFERENCE	
_____		_____	
Emergency contact (if above name is not able to be contacted)		Contact phone # w/area code	

Email address

PLEASE PROVIDE THE FOLLOWING FOR CONCERNING SAID DELEGATE:

Allergic reactions to _____

Medications presently being taken (dosage/frequency) _____

Any past illnesses or other information that would be useful in the event medical treatment is necessary:

Any Co-Payment/Payment must be made by the individual of this form or an agent acting in their behalf.

I give do not give permission to treat me medically (physician and/or hospital) as necessary. (If your selection is do not give please permission, you must fill out and attach the Refusal to Consent Form)

- If you do not have any insurance coverage please indicate how you would like the conference adults to handle any medical emergency if the hospital will not admit you due to lack of insurance. Please list several phone numbers for your emergency contact.

All adult delegates who are giving permission to treat and are indicating payment will be made by the insurance company are asked to carry a current Health Form on their person to refer to in the event said delegate is unable to articulate their wishes.

Family Physician

Name

Phone number w/area code

Full address

I Release

The undersigned agrees to hold harmless Missouri State Thespians, Educational Theatre Association, the International Thespian Society and its respective agents, employees, and representatives from any and all claims, demands, cause of actions, losses, liabilities, costs and expenses (including reasonable attorney fees) which the undersigned may have as a result of the delegate participating in the Missouri State Thespian Conference. The undersigned shall give the Organizer prompt written notice of any claim or facts of circumstances that might give rise to any claim for indemnification. The undersigned further agrees to be responsible for any expenses while traveling to and from the conference including any expenses incurred by the delegate, caused by the delegate and/or any personal injuries, which might occur to the delegate.

II Consent to Medical Treatment

The undersigned hereby gives permission and consent to the Organizers to provide medical treatment to the delegate in the effect that an illness/injury requiring medical treatment occurs while participating in the State Conference. Should a major medical problem arise, the Organizers will attempt to notify the undersigned by the provided phone numbers. – NOTE IF YOU DO NOT CONSENT FILL OUT REFUSAL TO CONSENT FORM IN ADDITION TO THIS FORM.

III Rules and Regulations

The delegate agrees to read and abide by the conference rules/regulations set forth in the "Conduct Guidelines" with the understanding that should the delegate violate any of these said delegate will be returned home at the expense of the delegate. As an adult delegate the undersigned also agrees to enforce all "Conduct Guidelines" with the students they are responsible for, as well as any other student delegate at the conference. In addition the undersigned realizes that all conference registration fees cannot be refunded after December 1st.

IV Photo/Video Release

The undersigned consents to being photographed or recorded by means of any media equipment by the Organizers or designated representatives of the Organizers at any public event of the conference. These photographs and/or recordings can be used without compensation to any of the undersigned in any public display, publication, media, website, or any other manner or form at any time by the organizers in promotion of the mission to promote the theatrical arts and have these arts recognized in all phases of education. The undersigned releases the Organizers, their employees, agents, representatives, associates, Board of Directors, and consultants from any liability in connection with the use of such photographic, video, and/or audio materials.

Signature of Adult Delegate

Date