



2017 Georgia Thespians Agreement Form

NOTE: EVERY BOX IN THIS SECTION IS REQUIRED.

LAST NAME		FIRST NAME		DATE OF BIRTH	GENDER
STREET ADDRESS				HOME PHONE NUMBER	
CITY		STATE		ZIP	
SCHOOL				TROUPE NUMBER	
PARENT/GUARDIAN		RELATIONSHIP		PHONE NUMBER	
NAME OF EMERGENCY CONTACT 1		RELATIONSHIP		PHONE NUMBER	
NAME OF EMERGENCY CONTACT 2		RELATIONSHIP		PHONE NUMBER	
FAMILY PHYSICIAN (if NONE, so state)				PHYSICIAN'S PHONE # (if NONE, so state)	
ALLERGIES TO FOOD AND/OR MEDICATIONS (if NONE, so state)					
MEDICATIONS YOU ARE CURRENTLY TAKING (if NONE, so state)					
SPECIAL MEDICAL PROBLEMS/PAST ILLNESSES/INFORMATION NECESSARY IN AN EMERGENCY (if NONE, so state)					

I. CONSENT TO MEDICAL TREATMENT

The undersigned hereby gives permission and consents to Georgia Thespians and its Organizers to supervise/allow the self-administration of over-the-counter and prescription medications and to seek medical assistance and/or treatment on behalf of the Delegate in the event that an illness or injury requiring such medical assistance and/or treatment occurs while the Delegate is attending or participating in a Georgia Thespians event. In the event that reasonable attempts to contact the individuals listed above are unsuccessful, the undersigned hereby authorizes and consents to (1) the administration of any treatment deemed necessary by the physician listed above or, if unavailable, such other licensed physician or other healthcare provider as may be available and (2) the transfer of the Delegate to the nearest hospital or other medical facility for emergency medical evaluation, care and treatment. The indemnification in Section II below shall expressly cover any claims related to the actions by Georgia Thespians and its Organizers in (1) providing supervision and (2) seeking such medical evaluation, care and treatment, and in providing any information reasonably requested by such emergency medical providers for purposes of providing or billing for services.

II. RELEASE & INDEMNIFICATION

The undersigned hereby releases and agrees to indemnify, save and hold harmless Georgia Thespians, the Educational Theatre Association, its programs, Chapter and other Group Affiliates, and all respective officers, employees, agents and representatives of the aforementioned entities (each an "Organizer" and collectively the "Organizers") from and against any and all claims, demands, causes of actions, losses, liabilities, judgments, damages, costs and expenses (including reasonable attorneys' fees) resulting from the Delegate listed above participating in a Georgia Thespians event. The undersigned shall give each Organizer prompt written notice of any claim or facts or circumstances that might give rise to any claim for indemnification. The undersigned further agrees to be responsible for Delegate while traveling to and from a Georgia Thespians event including any expenses incurred by the Delegate, caused by the Delegate and/or any personal injuries which may occur to the Delegate. The undersigned authorizes the Delegate to be released to the Troupe Director or Chaperone listed on this form.

III. RULES AND REGULATIONS

The undersigned agrees that the Delegate shall abide by Georgia Thespians' security rules and regulations. The undersigned understands that, if the Delegate violates security rules and regulations, the Delegate may be returned home, and the undersigned (or parents and/or legal guardians) may be financially responsible for all necessary costs incurred while sending the Delegate home and no refunds will be granted.

IV. PHOTO/VIDEO RELEASE

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

V. AUTHORIZATION

I consent to the use or disclosure of protected health information by the Georgia Thespians or its Organizers, or any third party health care provider, for the purpose of analyzing, diagnosing, and providing treatment to the above stated Delegate, obtaining payment for healthcare services rendered or to be rendered, or to conduct healthcare operations. A copy of this consent is as valid as the original. I authorize my insurance benefits to be paid directly to the Georgia Thespians or its Organizers, or any third party healthcare provider. I assume full responsibility for and agree to pay for all services rendered or to be rendered. I understand I have a right to receive a copy of this consent upon request, and to revoke this consent in writing at any time except to the extent that the Organizers, or another third party healthcare provider, has taken action in reliance on this consent. This authorization is valid one year from the date signed or through the term of coverage of the policy, and during the required period to process the claims.

VI. NON-REFUNDABLE FEES

The undersigned acknowledge that all conference-related fees are non-refundable.

The Delegate and the Delegate's parent and/or legal guardian have read, understand and agree to be bound by the above provisions, as evidenced by their signatures below.

PRINT NAME OF STUDENT/ADULT ATTENDEE	SIGNATURE OF STUDENT/ADULT ATTENDEE	DATE
PRINT NAME OF PARENT/GUARDIAN OF STUDENT	SIGNATURE OF PARENT/GUARDIAN OF STUDENT	DATE
PRINT NAME OF TROUPE DIRECTOR	SIGNATURE OF TROUPE DIRECTOR	DATE

NOTE: BOXES IN THIS SECTION ARE NOT REQUIRED BUT ARE STRONGLY RECOMMENDED TO EXPIDITE EMERGENCY SITUATIONS.

HEALTH INSURANCE COMPANY	POLICY NUMBER	HEALTH INSURANCE PHONE #
POLICY HOLDER NAME		GROUP/PLAN NUMBER
PRESCRIPTION INSURANCE	PROVIDER NAME	PROVIDER PHONE NUMBER
PRESCRIPTION RX GROUP #	PRESCRIPTION RX BIN #	PRESCRIPTION ID #

Conference venue addresses for emergency personnel:

Northside High School
926 Green Street
Warner Robins, GA 31093