



2019 NY Thespians Festival Consent Form

SCHOOL GROUPS AND THESPIAN TROUPES ONLY

In order to attend Festival 2019, an ORIGINAL copy of the form must be presented at check-in.

New York Thespians requires that this form be completed in full for each student delegate attending the 2019 Festival and signed by a parent or legal guardian. Type or print legibly.

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	GENDER
STREET ADDRESS (Home)			TELEPHONE (Home)	
CITY	STATE	ZIP		
SCHOOL			TROUPE NUMBER (if applicable)	
NAME OF PARENT/GUARDIAN/NEXT OF KIN		RELATIONSHIP	PHONE NUMBER	
NAME OF EMERGENCY CONTACT (1)		RELATIONSHIP	PHONE NUMBER	
NAME OF EMERGENCY CONTACT (2)- OPTIONAL		RELATIONSHIP	PHONE NUMBER	
NAME OF CHAPERONE ATTENDING EVENT (if applicable):				
ALLERGIES TO FOOD AND/OR MEDICATIONS (IF NONE, please indicate)				
MEDICATIONS CURRENTLY BEING TAKEN (IF NONE, please indicate)				
PAST ILLNESSES OR INFORMATION NECESSARY IN AN EMERGENCY (IF NONE, please indicate)				

I CONSENT TO MEDICAL TREATMENT

The undersigned hereby gives permission and consents to the NY Thespians Festival 2019 and its Organizers to provide routine first aid, supervise 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 the NY Thespians Festival. 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 a 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 I below shall expressly cover any claims related to the actions by the NY Thespians Festival and its Organizers in (1) providing such routine first aid or 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.

SIGNATURE OF PARENT/GUARDIAN	DATE
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I. RELEASE & INDEMNIFICATION

The undersigned hereby releases and agrees to indemnify, save and hold harmless the NY Thespian Festival, NY 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 NY Thespian Festival 2019. 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 the NY Thespian Festival 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 NY Thespian Festival 2019.

II. RULES AND REGULATIONS

The undersigned agrees that the Delegate shall abide by the venue's 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 Delegate home and no refunds will be granted.

III. AUTHORIZATION

I consent to the use or disclosure of protected health information by NY 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 health care services rendered or to be rendered, or to conduct health care operations. A copy of this consent is as valid as the original. I authorize my insurance benefits to be paid directly to the the NY Thespian Festival 2019 venue or its Organizers, or any third party health care 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 health care 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.

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:

SIGNATURE OF PARENT/GUARDIAN DATE

SIGNATURE OF DELEGATE



**EDUCATIONALSM
THEATRE
ASSOCIATION**

NEW YORK CHAPTER

NY Thespians Photo/Video Release

I hereby authorize the New York Chapter of the Educational Theatre Association (EdTA) and its designee(s) to photograph and/or video (full name of participant) _____ and/or use existing photographs and/or video recording(s) made of the above listed participant in conjunction with The New York Educational Theatre Festival.

I also grant the New York Chapter of the EdTA the right to edit, use, and reuse said products for educational purposes, including use in print, on the internet, and all other forms of media.

I hereby release the New York Chapter of the EdTA and its agents from all claims, demands, and liabilities whatsoever in connection with the above.

If participant is under 18:

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

If participant is 18+:

NAME OF PARTICIPANT: _____

PARTICIPANT SIGNATURE: _____

DATE: _____