

Medical/Photo/Video Consent Form



**TEXAS
THESPIANS™**

AN EDUCATIONAL THEATRE
ASSOCIATION AFFILIATE

TEXAS THESPIANS, an affiliate chapter of the Educational Theatre Associate, requires that this form be completed for each delegate (students and adults) attending the TEXAS THESPIANS EVENT.

- If a delegate is a minor (under 18), a parent or legal guardian must complete this form
- The delegate (and family) is responsible for any fees incurred from a medical emergency
- If you substitute a delegate, you must supply a new completed health form
- Type or print legibly
- Enter name exactly as it appears on registration form

Delegate Information Student Adult

Delegate Legal Name _____ Delegate Badge Name _____

Delegate School or Affiliation _____ Delegate Birthdate _____

Delegate Cell # _____ Delegate Address _____

Emergency Contact Name: _____ Emergency Contact Relation: _____

Emergency Contact Cell # _____ (Student Delegates must list parent or legal guardian)

I. RELEASE

The undersigned hereby releases and agrees to indemnify, save, and hold harmless the **TEXAS THESPIANS**, the International Thespian Society, the Educational Theatre Association, 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 the **TEXAS THESPIANS STATE FESTIVAL, JUNIOR THESPIAN FESTIVAL, TROUPE DAY, and EDUCATOR CONFERENCE**. 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 the Delegate while traveling to and from **TEXAS THESPIAN EVENTS**, including any expenses incurred by the Delegate, caused by the Delegate, and/or any personal injuries that may occur to the Delegate. The undersigned authorizes the Delegate to be released to the Troupe Director or Chaperone listed on this form.

II. RULES AND REGULATIONS

The undersigned agrees that the Delegate shall abide by the **TEXAS THESPIANS** security rules and regulations (as described in detail at www.texasthespians.org). The undersigned understands that, if the Delegate violates any of the **TEXAS THESPIANS EVENTS** security rules and regulations **the Delegate may be returned home**, and the undersigned (or other parents and/or legal guardians) may be financially responsible for all necessary costs incurred while sending Delegate home. The undersigned also understands that TEXAS THESPIANS will follow its posted refund policy for all events.

III. PHOTO/VIDEO RELEASE

The undersigned irrevocably consent 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 the 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 Directors members, and consultants from any liability in connection with the use of such photographic, video, and/or materials.

IV. SOCIAL MEDIA & SOLICITATION POLICY

Social Media: Delegates may not use social media sites to publish disparaging or harassing remarks about Texas Thespian members. Delegates who choose to post editorial content to websites or other forms of online media must ensure that their submission does not reflect poorly upon Texas Thespians. Consequences for actions deemed inappropriate: 1) Remove or edit comments at any time, whether or not they violate this Policy. 2) Ban future posts from people who repeatedly violate this Policy. We may affect such bans by refusing posts from specific email addresses or IP addresses, or through other means as necessary. 3) Disciplinary actions that are decided on by the Texas Thespians Board of Directors. 4) Removal from Festival. Solicitation: Selling, soliciting, or fundraising of any kind is strictly prohibited. Delegates will be removed from the Festival if found violating this policy.

V. AUTHORIZATION

I consent to the use of disclosure of protected health information by the closest medical facility 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 conducting 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 closest medical facility. 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 closest medical facility 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. Background Check (Adult Delegate Only)

I understand my ability to participate in any program involving children as a Texas Thespian employee or volunteer may be contingent on the receipt and evaluation of my Background Check. Failure to provide consent will result in the denial of or termination of my participation in any program involving children. I understand that Texas Thespians may obtain follow-up Background Checks at any time during my participation in such programs, to the extent permitted by law, unless I revoke this consent in writing. I understand that revocation of this consent may result in the immediate termination of my participation. I understand that any information obtained from a Background Check may be considered in the course of any current or future engagement, including employment, with Texas Thespians. I understand that if the Background Check indicates that an outstanding warrant has been issued against me, Texas Thespians will share that information with appropriate law enforcement agencies. I have read and understand all the information above, and by my signature, consent to and hereby grant authorization to obtain and release of the background check reports described above to Texas Thespians within the terms of this Statement.

The Delegate or the Delegate's parent and/or legal guardian has read, understands, and agrees to be bound by the above provisions, as evidenced by their signature below:

Signature of Delegate's parent and/or legal guardian (Students Only)
Electronic signatures are proof of acceptance and agreement of the above.

Signature of Delegate
Electronic signatures are proof of acceptance and agreement of the above.

Date _____

Date _____