



TTAN Student Ambassador Permission Slip

Student Ambassador Candidate: _____ Troupe Number: _____

School Name: _____ Director Name: _____

The essential goal of the Texas Thespians Student Ambassador program is to expand leadership opportunities for students and to incorporate the student voice in arts advocacy efforts. The focus of this program is to equip students with high-level, focused advocacy experiences, centered around support of theatre education. Ideal candidates will have strong public speaking skills, maturity, professional attire (or access to professional attire), and a strong passion for promoting the positive impact of theatre arts and fine arts education.

PROGRAM PARTICIPATION: I authorize my child to fully participate in all program activities for which they registered unless prior written notification has been given.

NATURE AND DURATION OF ACTIVITIES: Activities will involve student participation in advocacy activities and training, the preparation and presentation of arts advocacy materials and workshops (either large or small, virtual and/or in-person) and may include local and/or state public speaking engagements.

ACTIVITY SUPERVISOR(S): Students will always be supervised by at least one adult (Texas Thespians Board Member). Camps and training will be administered and facilitated by Texas Thespians Board Members and approved, verified vendors, with a background check on file.

TRANSPORTATION: Student Ambassadors may not drive themselves to any event. School officials (sponsors, troupe directors) or parents/guardians are responsible for transporting students to Texas Thespians events.

REQUIREMENTS: The parent should notify Texas Thespians of any medical concerns that may affect the student in any way. This includes allergies, physical/mental limitations, as well as any other information needed (listed below) to insure the safety of the student and all other individuals involved.

CONSENT: My child has permission to fully participate in all activities related to Texas Thespians programs and activities.

INSURANCE: I understand that Texas Thespians does not carry any insurance relative to the activities or for any injury that may occur to the above-named child except for general liabilities and physical facility coverage. I represent that the child is covered by insurance through my own insurance carrier.

EMERGENCIES: If the above-named child requires any emergency medical procedures or treatments during the activities, I consent to the activity supervisor(s) taking, arranging for or consenting to such procedures or treatments at the discretion of the activity supervisor(s). If in the event of a medical or other emergency, I am unable to be reached by telephone, I authorize the activity supervisor(s) to attempt to call the emergency contacts listed on my consent form. I agree to provide proof of insurance and will provide the Texas Thespians Consent Form.

RELEASE AND INDEMNIFICATION: I release and waive, and further agree to indemnify, hold harmless or reimburse Texas Thespians, the individual members, agents, employees and representatives thereof, as well as activity supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the above-named child, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the child's participation in the activities, the travel to and there from, and the rendering of emergency medical procedures or treatment, if any.

Student Ambassador Applicant Signature: _____ Print Name: _____

Parent/Guardian Signature: _____ Print Name: _____

Troupe Director Signature: _____ Print Name: _____

HS Principal Approval/Signature: _____ Print Name: _____

*Please submit this form in Swoogo during the registration process **AND** email the form to Jessica Brewster at jessica.brewster@texasthespians.org*