ARIZONA THESPIANS
AN EDUCATIONAL THEATRE ASSOCIATION AFFILIATE

2023-2024 Chapter Consent and Acceptance form

The Arizona Thespian requires that this form be completed in full for each Board member/delegate (students and adults) attending any and all Arizona Thespian Events and signed by a parent or legal guardian. Enter Delegate's legal name. ***Every delegate must complete and return* on *opening day of the event*.** Please type or print legibly in black or blue ink.

LAST NAME (LEGAL)	**FIRST NAME** (LEGAL)	**MIDDLE NAME**	**DATE OF BIRTH** (mm/dd/yyyy)	**GENDER**
STREET ADDRESS (Home)			**TELEPHONE** (10-digit home or primary)	
CITY	**STATE**		**ZIP CODE**	
SCHOOL			**TROUPE NUMBER**	
NAME OF PARENT/GUARDIAN/NEXT OF KIN (First and last name)		**RELATIONSHIP**	**PHONE NUMBER** (10-digit)	
PRIMARY EMERGENCY CONTACT (First and last name)		**RELATIONSHIP**	**PHONE NUMBER** (10-digit)	
SECONDARY EMERGENCY CONTACT (First and last name)		**RELATIONSHIP**	**PHONE NUMBER** (10-digit)	
NAME OF TROUPE DIRECTOR and/or ARIZONA THESPIAN REPRESENTATIVE ATTENDING EVENTS (Chaperone must be 21 years or older) Jenell Riordan/Kim Bonagofski				

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 Arizona Thespians 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 all Arizona Thespian Events. 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 below 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 I below shall expressly cover any claims related to the actions by the Arizona Thespians 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 OR DELEGATE OVER 18 YEARS OF AGE	**DATE**

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FAMILY PHYSICIAN	☐ CHECK IF NONE
NAME	
PHYSICIAN PHONE NUMBER (10-digit)	
STREET ADDRESS	

CITY	STATE	ZIP CODE

HEALTH INSURANCE COMPANY		
INSURANCE COMPANY NAME		
POLICY HOLDER NAME		
POLICY ID#	GROUP/PLAN #	
INSURANCE COMPANY STREET ADDRESS		

CITY	STATE	ZIP CODE

PRESCRIPTION INSURANCE	PROVIDER NAME	PROVIDER PHONE NUMBER
Rx GROUP #	Rx BIN #	ID #

I. RELEASE & INDEMNIFICATION

The undersigned hereby releases and agrees to indemnify, save and hold harmless Arizona Thespian Festival, LLC., 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 any Arizona Thespian 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 any Arizona Thespian 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 Page 1 of this form.

II. RULES AND REGULATIONS

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

III. INTELLECTUAL PROPERTY RELEASE

The undersigned hereby assigns to the Arizona Thespians all copyrights and other intellectual property rights in artwork, text, music, software, video, choreography and other types of work ("Works") created by the undersigned specifically for the undersigned's participation in the events or activities of the Organizers. The undersigned waives all rights in such Works under the Visual Artists Rights Act of 1990 and agrees to sign all further documents or instruments necessary to vest in the Arizona Thespians all rights, title and interest in the aforementioned works and intellectual property. The intellectual property rights hereby assigned to the Arizona Thespians and waived by the undersigned do not include rights of the undersigned in works that pre-exist the undersigned's participation in the events or activities of the Organizers.

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.

IV. AUTHORIZATION

I consent to the use or disclosure of protected health information by the Arizona 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 Arizona Thespians 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.

V. YOUTH ACTIVITY SAFETY POLICY

Arizona Thespians has implemented a Youth Activity Safety Policy to provide a safe environment for youths participating in activities, clinics, and conferences. This policy will help to protect participating youths from potential misconduct incidents and help provide a safe, educational, and enjoyable activity/program experience.

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	DATE

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