

## FesTIVAL Consent and Acceptance form

The Educational Theatre Association requires that this form be completed for each delegate (students and adults) attending the Thespian Festival at the University of Nebraska-Lincoln. If a Delegate is a minor (under 18), a parent or legal guardian must complete this form. The health center will not treat adults. Medications will be charged to the delegate. 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. Return by May 2.

Delegate 3 mot marrie (as on regi	istration form) Last name	Gender	
		/ /	
Thespian troupe #	School	Delegate's birthdate	
		( )	
Home address (street, city, state	e, zip)	Phone number	
		( )	
Name of parent/guardian/next of kin		Phone number	
Name of troupe director or chap	perone attending Thespian Festival		
Allergic reactions to			
Medications presently being tak	ken		
Any past illnesses or other inform	mation that would be useful in the e	event medical treatment is necessary:	
Payment will be made by: (Parei	nts/guardian, student or insurance co	company)	
Please check one of the follow	ving and sign.		
☐ I <b>CONSENT</b> TO MEDICA	AL TREATMENT.		
egate in the event that an illness		nizers to provide emergency medical treatment to the Deent occurs while participating in the Thespian Festival. So the undersigned by telephone.	
aa, oca. p. o ao., .			
☐ I REFUSE MEDICAL TR	EATMENT.		
I REFUSE MEDICAL TR	NOT give permission or consent to t	the Organizers to provide emergency medical treatment atment occurs while participating in the Thespian Festiva	

Insurance Company Name  A.C./phone number  Address  City/state/zip  Prescription Insurance (Please provide a copy of the identification card.)  Rx Group # Rx Bin # ID #  Insurance Company Street Address  City/state/zip  L. RELASE The undersigned thereby releases and agrees to indeemily, save and hold harmless the Thespian Festival LLC, the International Thespian Society, the Education Thespian Festival LLC, the International Thespian Society, the Education Thespian Festival LLC, the International Thespian Society, the Education Thespian Festival LLC, the International Thespian Society, the Education Thespian Festival LLC, the International Thespian Society, the Education Thespian Festival Including and International Thespian Society, the Education Thespian Festival Including International Propagation of the University of Normalizari Treatment of International Thespian Society, the Education Thespian Festival Including International Propagation of the International Thespian Festival Including International Int	Family physician	Health insurance company	
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Date

Signature of Delegate