



**THE SPIAN
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 information

Delegate's first name (as on registration form)	Last name	Gender
		/ /
Thespian troupe #	School	Delegate's birthdate
		()
Home address (street, city, state, zip)	Phone number	
	()	
Name of parent/guardian/next of kin	Phone number	
Name of troupe director or chaperone attending Thespian Festival		
Allergic reactions to		
Medications presently being taken		
Any past illnesses or other information that would be useful in the event medical treatment is necessary:		
Payment will be made by: (Parents/guardian, student or insurance company)		

Please check one of the following and sign.

☐ **I CONSENT TO MEDICAL TREATMENT.**

The undersigned hereby gives permission and consent to the Organizers to provide emergency medical treatment to the Delegate in the event that an illness or injury requiring medical treatment occurs while participating in the Thespian Festival. Should a major medical problem arise, the Organizers will attempt to notify the undersigned by telephone.

☐ **I REFUSE MEDICAL TREATMENT.**

The undersigned hereby DOES NOT give permission or consent to the Organizers to provide emergency medical treatment to the Delegate in the event that an illness or injury requiring medical treatment occurs while participating in the Thespian Festival.

Should a major medical problem arise, the Organizers shall take the following action(s):

Family physician

Name

A.C./phone number

Address

City/state/zip

Health insurance company

Insurance Company Name

Policy Holder Name

Policy ID#

Group/Plan#

Insurance Company Street Address

City/state/zip

Prescription Insurance (Please provide a copy of the identification card.)

Rx Group #

Rx Bin #

ID #

I. RELEASE

The undersigned hereby releases and agrees to indemnify, save and hold harmless the Thespian Festival LLC, the International Thespian Society, the Educational Theatre Association, the Board of Regents of the University of Nebraska-Lincoln 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 Thespian Festival. 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 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 Troupe Director or Chaperone listed on page 1 of this form.

II. RULES AND REGULATIONS

The undersigned agrees that the Delegate shall abide by the Thespian Festival's security rules and regulations (as described in detail at least at schooltheatre.org/festival). The undersigned understands that, if the Delegate violates any of the Thespian Festival's security rules and regulations, the Delegate may be returned home, and 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 the Thespian Festival registration fees cannot be refunded after May 2.

III. 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 University Health Center (UHC) 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 University Health Center (UHC). 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 UHC 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. UNL YOUTH ACTIVITY SAFETY POLICY

The University of Nebraska-Lincoln has implemented a Youth Activity Safety Policy to provide a safe environment for youths participating in activities, clinics, and conferences. UNL's policy includes safe interaction guidelines, including sex offender registry checks for activity workers. This policy will help to protect participating youths from potential misconduct incidents and help provide a safe, educational, and enjoyable activity/program experience. All activity workers must successfully pass a sex offender registry search for the state(s) in which they reside. All UNL-sponsored activity workers driving activity vehicles must successfully pass a Driving Record Check. All activities will comply with UNL's Youth Activities Safety Guidelines.

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

Date

Signature of Delegate

Date