Release Form • Xerox For Each Delegate!

- ***Each delegate must have a release form. They will be checked at registration and the sponsor / advisor must keep them on hand at all times during the conference.***
- ***Please type or print legibly, use black ink, and print the delegate's name exactly as it appears on the registration form.***

Delegate's Name _____

Troupe # _____ High School _____

Home Address _____ Home Phone _____

City _____ ST _____ Zip _____ Delegate's Birth Date _____

Name of Parent / Guardian / Next of Kin _____

Sponsor's Name _____

Should it be necessary to assign you to a local hospital, your parent / guardian / next of kin will be notified by phone.

PLEASE PROVIDE THE FOLLOWING INFORMATION CONCERNING THE DELEGATE:

Allergic reactions to _____

Medications now or previously taken _____

Any past illnesses or other information that would be useful in the event medical treatment is necessary _____

Payment for medical services will be made by (please, circle one) Parent Insurance Company

Family Physician

Name _____

Phone Number _____

Address _____

City/ST/Zip _____

Health Insurance Company

Name _____

Policy Number _____

Address _____

City/ST/Zip _____

The undersigned hearby releases and agrees to hold harmless the International Thespian Society (a component of the Educational Theatre Association) and its respective agents, employees and representatives from any and all claims, demands, actions and causes of action which the undersigned may have as a result of the delegate listed above participating in the Oregon Thespian State Conference at the official location. The undersigned further agrees to be responsible for him/herself while traveling to and from said conference, including any expenses incurred by the delegate, caused by the delegate and/or any personal injuries which may occur to the delegate. The undersigned also agrees to abide by the conference's Security Rules and Regulations (as stated in the code of conduct), with the understanding that, should any problems occur with the delegate during the conference weekend, the delegate will be returned home and parents, guardian or next of kin of the delegate will be financially responsible for all necessary costs incurred. The undersigned also realizes that the conference registration fees cannot be refunded. The undersigned further understands that should a major medical problem arise, s/he will be notified by telephone. In the event that s/he cannot be reached, s/he hereby gives consent to such medical treatment as deemed necessary, including x-ray examination and anesthesia to be rendered by a licensed physician or physicians. The undersigned certifies that s/he has read and fully understands this authorization.

_____ _____

Signature of Above-Named Delegate Signature of Parent/Guardian/Next of Kin