

Consent and Acceptance form

The Pennsylvania Thespians require that this form be completed in full for each delegate (students and adults) attending PA State Thespian Conference and signed by a parent or legal guardian. Enter Delegate's name exactly as it appears on registration form. **Every attendee should wear the 1st & 2nd page in their badge. The Troupe Director should have a copy and another should be turned into PA Thespians at Conference Registration.**



**PENNSYLVANIA
THESPIANS™**

AN EDUCATIONAL THEATRE ASSOCIATION AFFILIATE

Please type or print legibly in black or dark blue ink.

LAST NAME	FIRST NAME	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 OR CHAPERONE ATTENDING EVENT (Chaperone must be 21 years or older)				

ALLERGIES TO FOOD AND/OR MEDICATIONS (IF NONE, please indicate)
MEDICATIONS CURRENTLY BEING TAKEN AN/OR CARRIED such as an epi pen (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 to Pennsylvania 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 the PA Thespian Conference. 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 Pennsylvania 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 STUDENT OVER 18 YEARS OF AGE	DATE
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FAMILY PHYSICIAN		<input type="checkbox"/> 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 Pennsylvania Thespians, 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 Pennsylvania Thespians. 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 PA Thespians 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 PA 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 Educational Theatre Association 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 Educational Theatre Association all rights, title and interest in the aforementioned Works and intellectual property. The intellectual property rights hereby assigned to the Educational Theatre Association 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 PA 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 PA 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. SECURITY RULES AND REGULATIONS FOR PA STATE THESPIAN CONFERENCE

PA Thespians has implemented the attached Security Rules and Regulations 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

SECURITY RULES AND REGULATIONS FOR PA STATE THESPIAN CONFERENCE

ALCOHOL AND DRUGS - Students consuming drugs or alcohol, or found to be under the influence at any time during the conference will be returned home immediately, at parents' expense.

CURFEW – HOTEL ROOMS - All delegates will be required to be in their rooms with lights out at the time indicated on the conference schedule. Sponsors, chaperones and security personnel will check rooms and halls throughout the night. Any troupe that does not abide by the curfew rules will not be invited to conference the following year. Mixed gender groups may not visit behind closed doors.

SMOKING - Everyone is prohibited from smoking and/or vaping in all school buildings and on all school property.

CAMERAS – Delegates are not permitted to take flash photographs during any performance.

DRESS CODE - Proper attire, including shoes, must be worn at all times while on the conference site.

Delegates are encouraged to wear comfortable clothing for workshop activities and to dress according to their school's dress code.

BADGES - All conference attendees **MUST** wear identification badges at all times. Badges serve as meal tickets, admission to all Conference activities. There is a \$10 charge to replace lost badges.

HOUSE REGULATIONS - ALL FOOD AND DRINKS MUST BE CONSUMED OUTSIDE THE AUDITORIUM.

ATTENDANCE - All student delegates are **REQUIRED** to attend the events scheduled during the conference unless excused by their troupe and chapter directors.

THEATRE ETIQUETTE-Students are expected to behave as ladies and gentlemen at all times. Rudeness in gesture or language will not be tolerated. Do not walk in or out of the theatre during a performance. Do not stand in the lobby during a performance; be seated. Avoid talking and catcalls. Treat those on stage with the same respect you want when you are on stage. This includes social media comments.

Acknowledge the accomplishments after the show. Applause should be held until the end of an act or production. Express your reaction to comedy through laughter, not applause or cheering since these may affect the pacing of the actors.

STUDENT COMPLIANCE - Students will not be allowed to attend the conference unless they and a parent/guardian agree to the rules as shown by their signatures at the bottom of this document.

INFRACTIONS AND CONSEQUENCES

MINOR INFRACTIONS - Disrespect for adult authority; profanity; unauthorized absence from conference activity; eating or drinking in the theatre; not wearing name badge visibly around the neck; flash photography during performance; improper theatre etiquette

CONSEQUENCES - Verbal warning, report to troupe director, and a letter of apology to State Board and to those wronged.

MAJOR INFRACTIONS - Not in assigned hotel room at curfew; smoking; possession of alcohol, non-prescription drugs or a weapon; leaving the conference area; sexual activity; repeated minor infractions

CONSEQUENCES - Appear before the State Board with troupe director to explain the actions; letter of apology to the State Board and to those wronged; loss of audition privileges; loss of state activities for 1 calendar year; sent home at parents/guardians expense. The Chapter Director and State Board will notify the school principal of the incident and outcomes, in writing.

The undersigned hereby recognizes that performances may include mature themes and language. The undersigned also agrees to abide by the Chapter's Security Rules and Regulations with the understanding that, should any problems occur with the delegate, he/she will be returned home, and the parents, guardian, or next of kin will be financially responsible for all necessary costs incurred. The undersigned also realize that

CONFERENCE REGISTRATION FEES WILL NOT, UNDER ANY CIRCUMSTANCES, BE REFUNDED.