

MEDICAL/LIABILITY RELEASE FORM

2012 Illinois High School Theatre Festival

Return this form to your instructor.

Each participant, including all adults, must complete a medical release form. Please type or print legibly.

All forms and payment must be received before registration is considered complete.

Participant Name _____ Date of Birth _____ Age _____

Home Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Parent/Guardian First and Last Name _____

School Name _____ Primary Sponsor _____

School Address _____ City _____ Zip _____

School Phone _____ Fax _____

In case of emergency, contact _____

Contact Home Phone _____ Contact Work Phone _____

Do you have insurance? ☐ Yes (if yes, please indicate policy below) ☐ No

Health Insurance Company _____

Policy # _____

Allergic to any medications? _____

SIGNATURES: Participant refers to the student, chaperone, or sponsor who is attending Festival (participants must sign on line

A). Parent, guardian, or next of kin must sign on line B. NOTE: All students participating, even if over the age of 18, must have a parent, guardian, or next of kin's signed permission. Please read the following carefully!

1. The undersigned participant (student, chaperone, or sponsor) agrees to abide by Festival rules and regulations. The undersigned sponsor/parent/guardian/next of kin agrees to be responsible for the above named people while traveling to and from Festival including any expenses incurred by the above named participant, caused by the above named participant, and/or any personal injuries which may occur to the above named participant.
2. I understand that in case of serious injury, I hereby give my permission for emergency medical treatment, as recommended by a physician; I understand that no surgical procedure will be performed without my permission and consent; I understand that any medical expenses are my financial responsibility.
3. I hereby release, acquit, and forever discharge the Illinois Theatre Association, Illinois State University, its Board of Trustees, employees, agents, and representatives, from any and all claims, causes of action, damages, or judgments, whether in contract or in tort, for any injuries including personal that may be incurred arising out of or in any way connected to the attendee's participation (signature and date required for participation).

A _____ Date _____
Signature of Participant (student, chaperone, or sponsor)

B _____ Date _____
Signature of Parent, Guardian, or Next of Kin

Please Note that Prior Year's Forms Will Not Be Accepted.