



2016 Georgia Thespian Conference Agreement Form Health/Security/Conference Rules

Troupe Directors: You will need **THREE** copies of each completed Agreement Form for everyone who be attending with your troupe – students and adults. Make sure the names here exactly match the names on your troupe registration.

- You will place one copy in each attendee's neck wallet once you arrive at conference.
- You will keep one copy with you at all times during conference.
- You will submit one copy per attendee with the Registration Package (In alphabetical order by last name)

Note: Every box/signature is required

LAST NAME	FIRST NAME	DATE OF BIRTH
HOME ADDRESS (Street, City, State, Zip Code)		GENDER
SCHOOL		TROUPE NUMBER
PARENT / GUARDIAN	PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER
FAMILY PHYSICIAN		PHYSICIAN'S PHONE NUMBER
HEALTH INSURANCE COMPANY	POLICY NUMBER	PHONE NUMBER
ALLERGIES TO FOOD AND/OR MEDICINES (If NONE, so state)	MEDICATION YOU ARE CURRENTLY TAKING (If NONE, so state)	
SPECIAL MEDICAL PROBLEMS (If NONE, so state)		
<p>RELEASE The undersigned hereby releases and agrees to hold harmless Georgia Thespians and its respective agents, employees, and representatives from and against any and all claims, demands, causes of action, losses, liabilities, judgments, damages, costs, and expenses (including reasonable attorney's fees) resulting from the delegate listed above participating in the Georgia Thespian Conference in Columbus, Georgia. 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 Georgia Thespian 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 authorizes the Delegate to be released to the Troupe Director or Chaperone listed on this form.</p> <p>RULES AND REGULATIONS The undersigned agrees that the Delegate shall abide by Georgia Thespian's security rules and regulations (as described in detail at least at gathespians.org. The undersigned understands that, if the Delegate violates any of the Georgia Thespian Conference security rules and regulations, the Delegate may be returned home, and the undersigned (or other parents and/or legal guardians) may be financially responsible for all necessary costs incurred while sending Delegate home.</p> <p>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 the 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 Directors members, and consultants from any liability in connection with the use of such photographic, video, and/or audio materials.</p> <p>AUTHORIZATION I consent to the use or disclosure of protected health information 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. 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 action has been taken 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.</p> <p>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:</p> <p style="text-align: center;"><u>The undersigned also realizes that all conference fees are non-refundable.</u></p>		
PRINT NAME OF STUDENT/ADULT ATTENDEE	SIGNATURE OF STUDENT/ADULT ATTENDEE	DATE
PRINT NAME OF PARENT/GUARDIAN OF STUDENT	SIGNATURE OF PARENT/GUARDIAN OF STUDENT	DATE
PRINT NAME OF TROUPE DIRECTOR	SIGNATURE OF TROUPE DIRECTOR	DATE

Conference venue addresses for emergency personnel:

Riverside Theatre, 6 West 10th St, Columbus, GA 31901
Trade Center, 801 Front Ave, Columbus, GA 31901
Springer Opera House: 103 10th St, Columbus, GA 31901
Columbus Marriott, 800 Front Ave, Columbus, GA 31901
Carpenter's Building, 4 9th St, Columbus, GA 31901