



# Consent to Medical Treatment, Acceptance of Rules/Regulations and Photo/Video Release Form

**Deadline: May 1, 2010**

Our policies and procedures require that this form related to health release, consent to emergency medical treatment, acceptance of rules and regulations, and photo/video release shall be completed for each student delegate and adult delegate (each a "Delegate") attending the Thespian Festival 2010 at the University of Nebraska-Lincoln, Lincoln, Nebraska (the "Thespian Festival 2010"). In the event that the Delegate is a minor (under the age of 18 years), the Delegate's parent or legal guardian shall complete this form. If you approve medical treatment in the event it would become necessary, please return this form – completed and signed by each Delegate – with your registration materials. While the health center will not treat adults, this form must be on file for all Delegates. Medications will be charged to the Delegate. If you substitute a Delegate, you must supply a new completed health form.

TYPE OR PRINT LEGIBLY. PRINT NAME EXACTLY AS IT APPEARS ON REGISTRATION FORM.

## Delegate information

\_\_\_\_\_  
Delegate's first name (as on registration form)      Last name      Gender

\_\_\_\_\_  
/ /19

\_\_\_\_\_  
Thespian troupe #      High school      Delegate's birthdate

(    )

\_\_\_\_\_  
Home address (street, city, state, zip)      Home phone number

(    )

\_\_\_\_\_  
Name of parent/guardian/next of kin      Phone number

\_\_\_\_\_  
Name of troupe director or chaperone attending Thespian Festival 2010

PLEASE PROVIDE THE FOLLOWING CONCERNING SAID DELEGATE:

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) \_\_\_\_\_

### 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 2010. 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 2010 including any expenses incurred by the Delegate, caused by the Delegate and/or any personal injuries which may occur to the Delegate.

**II. 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 2010. Should a major medical problem arise, the Organizers will attempt to notify the undersigned by telephone.

**III. RULES AND REGULATIONS**

The undersigned agrees that the Delegate shall abide by the Thespian Festival 2010's security rules and regulations (as described in detail at least at [http://www.edta.org/educational\\_events/festival/](http://www.edta.org/educational_events/festival/)). The undersigned understands that, if the Delegate violates any of the Thespian Festival 2010'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 2010 registration fees cannot be refunded after May 1, 2010.

**IV. 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.

**V. 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.

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