CONSENT & ACCEPTANCE FORM (2025-2026)

Nevada Thespians, an affiliate of the Educational Theatre Association, requires that this form be completed for each delegate (students and adults) attending Nevada Thespian Chapter events including, but not limited to: Leadership/Tech, Regional Festival, and State Festival. If a delegate is a minor (under 18), a parent or legal guardian must complete this form. Attendee must also carry a copy of this form in his/her/their name badge while attending the event. If you substitute a delegate, you must supply a new completed health form. Type or print legibly. Enter name exactly as it appears on registration form. Bring hard copies of this form prior to conference or fill out the Google Form Consent and Acceptance PRIOR to Conference.

DELEGATE INFORMATION

_____ _____ _____
Delegate's First Name Delegate's Last Name Prounouns

_____ _____ _____/_____/_____
Thespian Troupe # Name of School Delegate's Birthdate

_____ (_____)_____
Home Address (Street, City, State, Zip) Cell Phone Number

_____ (_____)_____
Name of Parent/Guardian/Next of Kin Cell Phone Number

_____(_____)_____
Name of Second Emergency Contact Cell Phone Number

_____(_____)_____
Name of Troupe Director/Chaperone Cell Phone Number

_____
Delegate's Email

MEDICAL INFORMATION

Insurance Company: _____ Member Number: _____

Physician's Name: _____ Phone: (_____)_____

Last Tetanus Shot: _____/_____/_____ Allergies: _____

Medicines/Special Medical Needs:_____

Special Dietary Needs:

_____

RELEASE The undersigned hereby releases and agrees to indemnify, save and hold harmless Nevada Thespians, the International Thespian Society, the Educational Theatre Association, the venue of the event, 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 ALL Nevada Thespian events. 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 the delegate while traveling to and from the ALL Nevada Thespian events, 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.

II. RULES AND REGULATIONS The undersigned agrees that the delegate shall abide by Nevada Thespian security rules and regulations. The undersigned understands that, if the delegate violates any of the Nevada Thespian 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. The undersigned also understands that registration fees for any Nevada Thespian event cannot be refunded.

III. 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.

IV. 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 Participant, 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 THE LOCAL MEDICAL CENTER THAT I, OR MY STUDENT PARTICIPANT IS TRANSPORTED TO, if medical attentionand/or transport is necessary. 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 LOCAL MEDICAL CENTER AFOREMENTIONED 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.

I, the Participant (if over 18) or the Participant's parent and/or legal guardian have read, understand, and agree to be bound by the above provisions, as evidenced by signing and uploading signature below you certify that you "Acknowledge and accept" all terms above.

The delegate and the delegate’s parent/legal guardian have read, understands, and agrees to be bound by the above provisions, as evidenced by their signature below:

_____ _____/_____/_____

Signature of Delegate’s Parent/Legal Guardian Date

_____ _____/_____/_____

Signature of Delegate Date