



Consent and Acceptance Form

The **TEXAS THESPIANS**, an affiliate of the Educational Theatre Association, requires that this form be completed for each delegate (students and adults) attending the **TEXAS THESPIANS STATE FESTIVAL** at the **GAYLORD TEXAN RESORT HOTEL & CONVENTION CENTER**.

- If a Delegate is a minor (under 18), a parent or legal guardian must complete this form. The health center will not treat adults. Medications will be charged to the delegate.
- 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.

Delegate information

Thespian Troupe Number	7372
Name of School	Cypress Ranch High School
Delegate's first name <i>(as on registration form)</i>	
Last name	
Gender	
Delegate's birthdate	
Home address (street, city, state, zip)	
Phone number	
Name of parent/guardian/next of kin	
Phone number	
Name of troupe director or chaperone attending Texas Thespians State Festival	Cheryl Bradford

I. RELEASE

The undersigned hereby releases and agrees to indemnify, save and hold harmless the **TEXAS THESPIANS STATE FESTIVAL**, **TEXAS THESPIANS**, the International Thespian Society, the Educational Theatre Association, the **GAYLORD TEXAN RESORT HOTEL & CONVENTION CENTER**, 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 **TEXAS THESPIANS STATE FESTIVAL**. 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 **TEXAS THESPIANS STATE FESTIVAL**, 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 the **TEXAS THESPIANS STATE FESTIVAL'S** security rules and regulations (as described in detail at least at www.texasthespians.org). The undersigned understands that, if the Delegate violates any of the **TEXAS THESPIANS STATE FESTIVAL'S** 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 the **TEXAS THESPIANS STATE FESTIVAL** registration fees cannot be refunded after **OCTOBER 27, 2017**.

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. SOCIAL MEDIA POLICY

Delegates may not use social media sites to publish disparaging or harassing remarks about Texas Thespian members. Delegates who choose to post editorial content to websites or other forms of online media must ensure that their submission does not reflect poorly upon Texas Thespians. Consequences for actions deemed inappropriate. 1) Remove or edit comments at any time, whether or not they violate this Policy. 2) Ban future posts from people who repeatedly violate this Policy. We may affect such bans by refusing posts from specific email addresses or IP addresses, or through other means as necessary. 3) Disciplinary actions that is decided on by the Texas Thespians Board of Directors. 4) Removal from Festival

V. AUTHORIZATION

I consent to the use or disclosure of protected health information by the **BAYLOR SCOTT & WHITE MEDICAL CENTER** 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 **BAYLOR SCOTT & WHITE MEDICAL CENTER**. 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 **BAYLOR SCOTT & WHITE MEDICAL CENTER** 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

Signature of Delegate

Date _____

Date _____