



**45th Annual Illinois High School Theatre Festival
January 9-11, 2020**



Medical/Media Release Form

Each participant, including all adults, must complete a medical/media release form. Please type or print legibly. All forms and payment must be received before your school's registration is considered complete. Forms from previous years will not be accepted.

Participant Information:

Participant Name _____ Date of Birth _____ Age _____

Home Address _____ City _____ Zip _____

Home Phone _____ Participant Cell Phone _____

Parent/Guardian First and Last Name _____ Parent/Guardian Cell Phone: _____

School Information:

School Name _____ School Address _____

City _____ Zip _____ School Phone _____ Fax _____

Primary Sponsor _____ Sponsor Cell Phone _____

Emergency Information:

Contact #1: Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Contact #2: Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Medical Information:

Do you have insurance? Yes 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 the Festival rules and regulations as posted on the Festival website at www.illinoistheatrefest.org.
2. The undersigned participant will adhere to the Festival's Photo/Video & Social Media Best Practices Policy as posted on the Festival website at www.illinoistheatrefest.org and in the Festival program. I acknowledge that photos/videos may be taken by authorized individuals and used for educational, instructional, or promotional purposes in any print, broadcast and/or electronic media formats.
3. I agree to be responsible for the above named participant while traveling to and from the Festival, including any expenses incurred or caused by, and/or any personal injuries which may occur to, the above named participant.
4. I acknowledge 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.
5. I hereby release, acquit, and forever discharge the Illinois Theatre Association, its Board of Directors, Planning Committee Members, employees, agents, and representatives, and Illinois State University, its Board of Trustees, employees, agents, and representatives, from any and all claims, causes of actions, damages, or judgments, whether in contract of 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