



**ALABAMA  
THESPIANS**

AN EDUCATIONAL THEATRE ASSOCIATION AFFILIATE

# Alabama Thespian Festival Participant Form

A participant form ***must be completed for each student and adult delegate and included with registration materials.*** IF you substitute a delegate, you must supply a new completed health form. *Failure to submit a completed form for each participant will result in loss of admittance and all non-refundable fees associated with the event.*

## Medical Form

Please TYPE or PRINT legibly; **BLUE/BLACK** ink ONLY  
Print name **EXACTLY AS IT APPEARS ON REGISTRATION FORM**

\_\_\_\_\_  
Delegate's first name (as on registration form) Last Name ( ) Delegate's Cell Phone Number

\_\_\_\_\_  
Thespian Troupe # School Delegate's Birth Date / /

\_\_\_\_\_  
Home Address ( ) Home Phone Number

\_\_\_\_\_  
Name of Parent/Guardian ( ) Phone Number

\_\_\_\_\_  
Name of Sponsor or Chaperone attending this Alabama Thespian Event

***Should it be necessary to assign delegate to an area hospital, the parent/guardian will be notified.***

Allergic reactions to \_\_\_\_\_

Medications presently begin taken \_\_\_\_\_

Any past illnesses or other information that would be useful in the event medical treatment is necessary:

Payment will be made by: (Parent/Guardian, student or insurance company) \_\_\_\_\_

### \*Family Physician

### \*\*Health Insurance Company

\_\_\_\_\_  
Name

\_\_\_\_\_  
( )

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
( )

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address



## Alabama Thespians Festival Participant Form

### CONSENT TO TREAT

In the event of a medical emergency, every effort will be made to contact the parent or legal guardian listed above. In the event that he/she cannot be reached, he/she hereby gives consent to such medical treatment as deemed necessary, including x-ray examination and anesthesia to be rendered by a licensed physician or physicians.

### LIABILITY WAIVER

The undersign hereby releases and agrees to hold harmless the Alabama Education Theatre Association, the International Thespians Society, the Education Theatre Association, Samford University or other location, and all respective agents of the aforementioned entities from any and all claims, demands, actions, and causes of action as a result of the delegate listed above participating in this Alabama Thespians Festival or Meeting. The undersigned further agrees to be responsible for him/herself while traveling to and from said event including any expenses incurred by the delegate, caused by the delegate and/or any personal injuries which may occur to the delegate. The undersigned agrees to abide by the ALEdTA security rules and regulations with the understanding that should any problems occur with the delegate during the event, the delegate will be returned home and parents, guardian or next of kin of the delegate will be financially responsible for all necessary costs incurred.

### PHOTOGRAPHY/VIDEO RELEASE

The undersigned hereby grants to the Alabama Thespians Association permission to make photographs and/or videos of the delegate at attended Event for use in coverage, advertisement, and for any lawful purpose without compensation to the delegate.

**By attending Alabama Thespians's events, the Delegate/Delegate's parent(s) or guardian(s) agrees and acknowledges the contagious nature of COVID-19 and its variants and voluntarily assumes the risk that they/you may be exposed to or infected by COVID-19. All delegates agree to follow the Alabama Thespians Covid-19 policies at the time of the event, while at the event. All local, state, and national guidelines will be followed**

---

Participant Name (Print)

---

Participant Signature

---

DATE

---

Signature of parent/guardian/next of kin

---

DATE



---

**ALABAMA  
THESPIANS**

---

AN EDUCATIONAL THEATRE ASSOCIATION AFFILIATE

# **Alabama Thespian Festival Participant Form**