



2012 Georgia Thespian Conference Agreement Form Health/Security/Conference Rules

Troupe Directors: You will need **THREE** copies of each completed Agreement Form for everyone who be attending with your troupe – students and adults.

- You will place one copy in each attendee's name badge once you arrive at conference.
- You will keep one copy with you at all times during conference.
- You will submit one copy to Georgia Thespians by January 7, 2012 either by mail anytime prior to the deadline or hand delivered at the second planning session.
Mail to Georgia Thespians; 320 Kingspring Ct; Roswell, GA 30076

ATTENDEE'S NAME		DATE OF BIRTH
HOME ADDRESS (Street, City, State, Zip Code)		HOTEL NAME
		HOTEL PHONE NUMBER
SCHOOL		TROUPE NUMBER
TROUPE DIRECTOR'S NAME	TROUPE DIRECTOR'S CELL PHONE	TROUPE DIRECTOR'S HOME PHONE
PARENT / GUARDIAN	PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER
FAMILY PHYSICIAN		PHYSICIAN'S PHONE NUMBER
HEALTH INSURANCE COMPANY	POLICY NUMBER	PHONE NUMBER
LIST ALLERGIES TO FOOD AND/OR MEDICINES		DATE OF LAST TETANUS SHOT
MEDICATION YOU ARE CURRENTLY TAKING		
SPECIAL MEDICAL PROBLEMS (If NONE, so state)		
<p>The undersigned hereby releases and agrees to hold harmless the Georgia Thespian Society and its respective agents, employees, and representatives from any and all claims, demands, actions, and causes of action, which the undersigned may have as a result of the delegate listed above participating in the Georgia Thespian Conference in Columbus, Georgia. The undersigned further agrees to be responsible for the delegate while traveling to and from said conference including any expenses incurred by the delegate, caused by the delegate, and/or any personal injuries, which may occur to the delegate. The undersigned further understands that should a major medical problem arise, s/he will be notified by telephone. In the event that s/he cannot be reached, s/he 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.</p> <p>The undersigned also agrees to be photographed and/or videotaped during said conference and gives permission to the Georgia Thespian Society to use said photographs in the promotions, slideshows, brochures, and website of Georgia Thespian Society and for any lawful purpose without compensation to the delegate.</p> <p>The undersigned also realizes that conference registration fees are non-refundable.</p> <p>The undersigned certifies that s/he has read and fully understands this authorization.</p> <p>The undersigned have read Safety and Security Guidelines for the Georgia Thespian Conference and understand what is expected of each participant and the consequences for those who fail to meet those expectations.</p>		
NAME OF STUDENT/ADULT ATTENDEE	SIGNATURE OF STUDENT/ADULT ATTENDEE	DATE
NAME OF PARENT/GUARDIAN OF STUDENT	SIGNATURE OF PARENT/GUARDIAN OF STUDENT	DATE
NAME OF TROUPE DIRECTOR	SIGNATURE OF TROUPE DIRECTOR	DATE