IOWA THESPIAN FESTIVAL
HEALTH & CONSENT FORM

All delegates need to complete the Health & Consent Form. Troupe Directors MUST submit the signed forms in the festival online registration system. You are also encouraged to print off the forms to retain a hard copy. Forms do NOT need to be mailed with payment.

Name _____ Date of Birth _____/_____/_____ Troupe #_____

High School _____ Thespian Troupe Director _____

Home Address _____ City _____ Zip Code _____

Name of Parent/Guardian _____ Parent Emergency Phone _____ - _____ - _____

A parent/guardian will be notified by phone should it be necessary to assign delegate to a hospital

Allergic reactions to _____

Medications currently taken _____

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

_____

Payment will be made by (parents, student, or insurance company) _____

_____
Print Name of Family Physician

_____
Print Name of Health Insurance Provider

( )
_____
Family Physician Phone Number

_____
Insurance Policy Number

_____
Address of Family Physician

_____
Address of Insurance Provider

_____
City/State/Zip Code

_____
City/State/Zip Code

I. **RELEASE** The undersigned hereby releases and agrees to indemnify, save and hold harmless the Iowa Thespian Board, the International Thespian Society, the Educational Theatre Association, the University of Northern Iowa, and all respective officers, employees, agents and representatives of the aforementioned entities 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 Iowa Thespian 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.

II. **AUTHORIZATION** I consent to the use or disclosure of protected health information by the Sartori Memorial Hospital in Cedar Falls 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 Sartori Memorial Hospital. 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 Sartori Memorial Hospital has taken action in reliance on this consent.

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.

IOWA THESPIAN FESTIVAL
CODE OF CONDUCT

All delegates need to complete the attached Code of Conduct form. Troupe Directors MUST submit the completed form in the festival online registration system. Forms do NOT need to be mailed with payment.

- I realize that my attendance at the Iowa Thespian Festival is a privilege that may be revoked if I do not follow this Code of Conduct. I realize I am representing my school and my troupe and I must act accordingly.
- I realize that violating the Iowa Thespian Festival Code of Conduct may result in my being sent home without refund of fees. A parent or guardian will be required to pick up any student who is sent home for violating these rules.
- I will follow ALL theatre etiquette rules during performances, workshops & activities…
    - I will NOT bring ANY food/drink inside the performance or workshop spaces.
    - I will be attentive and cooperative during all performances and workshops.
    - I will respond to performances and workshop presenters in appropriate ways.
    - I will NOT take flash photos during performances.
    - I will NOT use personal audio devices in any classroom or theatre on campus (unless required by the workshop, audition, or rehearsal).
    - I realize that if I must leave during a performance or workshop, I will wait until an appropriate time to exit and to re-enter.
- I will attend all Festival events, and I will support all performers and performances.
- I will respect all Festival participants, including students, chaperones, directors and Festival staff.
- I will not leave the campus at any time without approval of my Troupe Director.
- I will not destroy, damage, steal, take, or rearrange any property that does not belong to me.
- I will treat all Festival adjudicators and workshop presenters as professionals and will show them courtesy and respect. I realize that adjudicators and presenters have the right to collect my badge, remove me from any activity, and report me to the Festival staff for discipline if I am rude, uncooperative, or discourteous.
- I realize that any student/troupe causing a disturbance and/or not participating in Festival events may be excluded from next year's Festival and reported to my school's administrator in charge of discipline.
- I will not bring or use any drugs, alcohol, tobacco or other illegal substances. I understand that breaking this rule will result in my immediate removal from the Festival and a referral by the Festival staff to my school's administrator in charge of discipline.

I agree to abide by the Iowa Thespian Festival Code of Conduct and all authorizations included in the Iowa Thespian Festival Health Form/Photo Waiver.

Print Name of Student	Student Signature
Print Name of Thespian Troupe Director	Troupe Director Signature
Print Name of Parent/Guardian	Parent/Guardian Signature
( ) Parent/Guardian Emergency Phone #	Name of School