



MICHIGAN THESPIANSSM

AN EDUCATIONAL THEATRE ASSOCIATION AFFILIATE

Consent and Acceptance Form

The Michigan Educational Theatre Association (META), an affiliate of the Educational Theatre Association, requires that this form be completed for each delegate (students and adults) attending the **META Leadership Camp** on the site of **Grace Adventures**. If a Delegate is a minor (under 18), a parent or legal guardian must complete this form. All adult chaperones must also sign the form. 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. Turn in this form to your director BEFORE camp and then directors will turn it in **when they arrive at camp**.

Delegate information:

Delegate's first name (as on registration form)

Last name

Gender

Thespian Troupe #

Name of School

Delegate's birthdate

Home address (street, city, state, zip)

(_____)_____
Phone number of student

Student Email

Name of parent/guardian/next of kin

(_____)_____
Phone number of parent

Name of troupe director/chaperone attending **META Leadership Camp**

I. RELEASE

The undersigned hereby releases and agrees to indemnify, save and hold harmless the **META Leadership Camp, Michigan Educational Theatre Association, Michigan Thespians, the International Thespian Society, the Educational Theatre Association, Grace Adventures**, 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 **META Leadership Camp**. 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 the Delegate while traveling to and from the **META Leadership Camp**, including any expenses incurred by the Delegate, caused by the Delegate, and/or any personal injuries which may occur to



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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 **META's** security rules and regulations. The undersigned understands that, if the Delegate violates any of the **META Leadership Camp'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 the Delegate home. The undersigned also understands that the **META Leadership Camp** registration fees cannot be refunded after **7/26/2021**.

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. AUTHORIZATION

I consent to the use or disclosure of protected health information by 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 healthcare operations. A copy of this consent is as valid as the original. I authorize my insurance benefits to be paid directly to the **nearest Hospital or Health 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 before services are provided. 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

Date

Signature of Delegate / Chaperone

Date