



**48th Annual Illinois High School Theatre Festival**  
**January 11-13, 2024**



**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](http://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](http://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. The undersigned participant hereby voluntarily and without compensation grant permission to Illinois (ITA) its representatives and/or Big Buzz Idea Group, LLC, its representatives, and employees, to use any photographic/video image(s) taken of me, or of anyone for whom I have legal responsibility, for any lawful purpose, including for example such purposes as publicity, illustration, advertising or web content. I further authorize the aforementioned entity(ies), its assigns and transferees, the right to copyright, use and publish the same in print or electronically for the purposes aforementioned.
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, Big Buzz Idea Group, LLC, its representatives, and employees, 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 or 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