

Medical/Liability Release for The Actors Conservatory Theatre 2024

I hereby and fully release and hold harmless **The Actors Conservatory Theatre**, its officers, directors, employees, and representatives from any and all liability resulting from or as a consequence of any illness and/or injury to me/my child which may be suffered during the **Twenty-eighth Annual TNT Youth Conference** held on **June 3-9, 2024** in Deer Park, Texas.

Further, I hereby give my consent to The Actors Conservatory Theatre to transport my child to the **Twenty-eighth Annual TNT Youth Conference** held on **June 3-9, 2024** in Deer Park, Texas. I also hereby give my consent to seek and obtain appropriate emergency medical treatment for me/my child and agree to hold harmless from loss, **The Actors Conservatory Theatre**, its officers, directors, employees, and representatives and any such personnel or agents of the treating medical facility which may provide medical care.

If my child is the participant and medical treatment is called for, I consent to allow a representative of The Actors Conservatory Theatre to transport me/my child to the appropriate medical facility for treatment and hereby give my consent to the medical facility to treat my child if admitted by a valid representative of the organization.

I understand an effort will be made to contact me prior to any treatment given as long as the situation allows and my child will not be endangered by a delay.

I understand that I am responsible for payment of all expenses incurred related to my own or my child's medical treatment.

My medical insurance provider is _____

Policy Number _____ Provider's Phone _____

Copy of card attached Yes ___ No ___

Participant:

Name (please print) _____ DOB _____

Address _____ Phone _____

City/State _____ Zip _____

Parent or Guardian (Required if Participant is Under 18 Years of Age):

Name (please print) _____ Relation to minor _____

Address (if different from above) _____

Work Phone _____ Cell _____

Signature _____ Date _____