

MEDICAL / LIABILITY RELEASE

I hereby and fully release and hold harmless **Theatre Network of Texas, Inc. (TNT)**, its officers, directors, employees, and agents 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 **Twenty-eighth Annual TNT Youth Conference** held on **June 4-9, 2024** in Deer Park, Texas.

Further, I hereby give my consent for **TNT** to seek and obtain appropriate emergency medical treatment for me/my child and agree to hold harmless from loss, **TNT**, its officers, directors, and employees and any such personnel or agents of the treating medical facility which may provide emergency medical care.

If my child is the participant and medical treatment is called for, I consent to allow a representative of **TNT** 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 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 _____

PARTICIPANT:

Name (please print) _____ Date of Birth _____

Address _____ Home Phone _____

City/State _____ Zip _____

PARENT OR GUARDIAN (Required if Participant is Under 18 Years of Age):

Name (please print) _____ Relation to minor _____

Address _____

City/State _____ Zip _____

Home Phone () _____ Work or Mobile Number () _____

Signature _____ Date _____