

**2017 West Virginia ACDA All State Collegiate Honor Choir
Medical Permission Form, Liability Waiver, and Media Release**

West Virginia ACDA Annual Conference | Charleston, West Virginia - January 26-28, 2017

Required of all participants. Please type or print in black ink.

Participant's Name: _____
(Last) (First) (Middle)

Health Insurance Provider: _____ Policy Number: _____

List all prescription medications you are currently or might be taking:

Name: _____ Dosage: _____ Frequency: _____ Reason: _____

Name: _____ Dosage: _____ Frequency: _____ Reason: _____

List any known food, drug, animal, or environmental allergies: _____

List any medical conditions for which the participant is currently receiving medical treatment: _____

Physicians Name: _____ Office Phone: (_____) _____

Address: _____ Home Phone: (_____) _____

_____ Cell Phone: (_____) _____

The student's teacher has my permission to administer (dual person observed and documented) the following to the participant if warranted:

(Circle) Tylenol Ibuprofen Imodium Dramamine
Pepto-Bismol Maalox Tums Other:

If you wish to be called before any over the counter medication is dispensed, please initial here: _____

If the participant listed above should require medical attention while participating in the West Virginia ACDA All State Collegiate Honor Choir in Charleston, West Virginia, January 26-28, 2017, Honor Choir Coordinator and the designated chaperone has my permission to treat on site or take said participant to a doctor, hospital, or any other medical facility for necessary medical treatment, and I here-by authorize the release of medical information included on this document to the health care provider administering medical treatment to the participant.

I hereby release, indemnify and hold harmless the American Choral Directors Association ("ACDA"), its trustees, employees, volunteer workers, students, agents and assigns from any and all liability, damage, claim of any nature whatsoever arising out of or in any way related to my/my child's participation in the West Virginia ACDA All State Collegiate Honor Choir in Charleston, West Virginia.

Participating in any activity is an acceptance of some risk of injury. I agree that my/my child's safety is primarily dependent upon taking proper care of oneself. Despite precautions, accidents and injuries may occur and injury and/or loss or damage to personal property may occur as a result of participating in the West Virginia ACDA All State Collegiate Honor Choir; therefore, I assume all risks related to participating in the West Virginia ACDA All State Collegiate Honor Choir. I also hereby acknowledge that the American Choral Directors Association, its trustees, employees, volunteer workers, students agents and assigns assume no liability whatsoever for personal injuries or property damage that may arise out of my/my child's participation in the West Virginia ACDA All State Collegiate Honor Choir.

My signature on this form indicates that I have read, understood, and freely signed this agreement. I expressly agree that this agreement shall be construed and enforced in accordance with laws of the States of West Virginia and Oklahoma, with Oklahoma County being the court of exclusive jurisdiction, and I consent to the jurisdiction of the State of Oklahoma and of the courts of Oklahoma County. I agree that this waiver and release is intended to be as broad and inclusive as permitted under the laws of the States of West Virginia and Oklahoma so that if any portion hereof is held invalid, the balance shall continue in full legal force and effect.

Also, I hereby agree that WVACDA has unlimited rights to use any audio/video recording and photographic images of my child's participation and performance at the WVACDA conference.

This form must be signed in the presence of a Notary Public.

Parent/Guardian Name (Print): _____

Signature: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ Other Phone: (_____) _____

Signed in my presence this _____ day of _____ (month), _____ (year).

Witness my hand and seal this _____ day of _____ (month), _____ (year).

Notary Public: _____ Notary Seal:

My Commission Expires: _____

*This is not a legal document without the **signature and seal** of a Notary Public.*