

**2025 West Virginia ACDA 7-9 All State Choir**

**Medical Permission Form, Liability Waiver, Expectations and Media Release**

West Virginia ACDA Annual Conference | Morgantown, West Virginia – February 6<sup>th</sup>-8<sup>th</sup>, 2025

**Required of all participants.**

**Please type or print in blue or 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 7-9 All State Choir in Morgantown, West Virginia, February 6-8, 2025, the Honor Choir Coordinator and the designated chaperone have 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 7-9 All State Choir in Morgantown, 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 7-9 All State Choir; therefore, I assume all risks related to participating in the West Virginia ACDA 7-9 All State 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 7-9 All State 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 (National ACDA), 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.**

**Parent/Guardian Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_\_) \_\_\_\_\_

**Expectations:**

While participating in the WVACDA 7-9 All State Choir, participants will adhere to the following behavior expectations: Singers must be present and on time for every rehearsal and scheduled activity. Singers must have music prepared before arriving at the event and will bring their music and a pencil to all rehearsals. Singers will refrain from the use of profanity and/or derogatory/hurtful remarks toward other students, directors, etc. Singers will respect the authority of all directors and other individuals helping to make the event run smoothly. The use of tobacco, drugs, and/or alcohol is strictly prohibited. Cell phones will be permitted outside the rehearsal space before or after a rehearsal. Cell phones must be out of sight/turned off during rehearsals. All rules and regulations from individual schools apply.

**Participant's Name (Print):** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_

**Please send this form (printed two sided) completed and signed to:**

Cody Ratliff  
WVACDA Junior High/Middle School Chair  
Van Devender Middle School  
918 31<sup>st</sup> Street  
Parkersburg, WV 26104