

# 2022 West Virginia ACDA All State Jr. High/Middle School Honor Choir

## Medical Permission Form, Liability Waiver, and Media Release

West Virginia ACDA Annual Conference | Charleston, West Virginia - January 27-29, 2022

**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 Jr. High/Middle School Honor Choir in Charleston, West Virginia, January 27-29, 2022, 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 Jr. High/Middle School 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 Jr. High/Middle School Honor Choir; therefore, I assume all risks related to participating in the West Virginia ACDA All State Jr. High/Middle School 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 Jr. High/Middle School 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.**

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

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

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

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

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

Bryce Negie  
WVACDA Junior High/Middle School Chair  
Tyler Consolidated School  
1993 Silver Knight Drive  
Sistersville, WV 26175