



MEDICAL RELEASE FORM

IMPORTANT: NO STUDENT WILL BE ALLOWED TO AUDITION OR PARTICIPATE AT THE CLINIC/CONVENTION WITHOUT THIS FORM.

1. STUDENT'S NAME: _____

HOME ADDRESS: _____

HOME PHONE: (____) _____

2. TCDA MEMBER SPONSOR'S NAME: _____

3. MOTHER'S/GUARDIAN'S NAME: _____ WORK PHONE: (____) _____

CELL PHONE: (____) _____

FATHER'S/GUARDIAN'S NAME: _____ WORK PHONE: (____) _____

CELL PHONE: (____) _____

4. DOCTOR'S NAME: _____ PHONE: (____) _____

5. INSURANCE CARRIER: _____ PHONE: (____) _____

NAME OF INSURED: _____

GROUP/POLICY NUMBER: _____

6. ANY MEDICAL CONDITIONS OR ALLERGIES WHICH MIGHT AFFECT STUDENT'S PARTICIPATION: _____

7. PERSON(S) TO CONTACT IF PARENT/GUARDIAN IS UNAVAILABLE:

NAME: _____ PHONE: (____) _____

NAME: _____ PHONE: (____) _____

NAME: _____ PHONE: (____) _____

8. EVENT: TCDA ANNUAL CONVENTION/CLINIC DATE: JULY 25-27, 2019

9. EXPECTATIONS AND INSTRUCTIONS:

I UNDERSTAND THE STUDENT IS EXPECTED TO DO EXACTLY WHAT HE/SHE IS INSTRUCTED TO DO BY THE SPONSOR, TCDA PERSONNEL, OR EVENT SUPERVISOR.

10. INSURANCE: I UNDERSTAND TCDA DOES NOT OR MAY NOT CARRY ANY INSURANCE RELATIVE TO THIS EVENT OR FOR INJURIES TO THE STUDENT. I REPRESENT THAT THE STUDENT HAS INSURANCE THROUGH THE ABOVE NAMED INSURANCE CARRIER.

I REQUEST THE ABOVE NAMED STUDENT BE ALLOWED TO PARTICIPATE IN THE EVENT PLANNED AND SPECIFICALLY CONSENT TO HIS/HER PARTICIPATION.

IF ANY EMERGENCY MEDICAL PROCEDURES OR TREATMENTS ARE REQUIRED, OR IN CASE OF ACCIDENT OR ILLNESS DURING THE EVENT OR AT ANY TIME WHILE THE STUDENT IS UNDER TCDA SUPERVISION, I CONSENT TO TCDA OBTAINING, TAKING, ARRANGING FOR, OR CONSENTING TO THE PROCEDURES AND TREATMENT FOR THE STUDENT, AT TCDA'S DISCRETION, AND UNTIL I AM CONTACTED FOR FURTHER INSTRUCTIONS.

I RELEASE AND WAIVE, AND FURTHER AGREE TO INDEMNIFY, HOLD HARMLESS OR REIMBURSE TCDA, THE INDIVIDUAL BOARD MEMBERS, OFFICERS, AGENTS, MEMBERS, EMPLOYEES AND REPRESENTATIVES THEREOF, AS WELL AS EVENT SUPERVISORS AND SPONSORS, FROM AND AGAINST, ANY CLAIM WHICH I, ANY OTHER PARENT OR GUARDIAN, ANY SIBLING, THE STUDENT, OR ANY OTHER PERSON, FIRM, OR CORPORATION MAY HAVE OR CLAIM TO HAVE, KNOWN OR UNKNOWN DIRECTLY OR INDIRECTLY, FOR ANY LOSSES, DAMAGES OR INJURIES ARISING OUT OF, DURING, OR IN CONNECTION WITH THE STUDENT'S PARTICIPATION IN THE ABOVE DESCRIBED EVENT OR THE RENDERING OF EMERGENCY MEDICAL PROCEDURES OR TREATMENT IF ANY.

PARENT/GUARDIAN SIGNATURE

DATE: _____

STUDENT SIGNATURE

(THIS RELEASE FORM HAS BEEN SIGNED ONLY AFTER UNDERSTANDING AND CONSIDERING THE ABOVE INFORMATION AND STATEMENTS.)

STATE OF TEXAS

COUNTY OF _____

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON THE _____ DAY OF _____, 20____.

By _____

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

BE SURE YOU HAVE COMPLETED THE TCDA ALL-STATE CHOIR REGISTRATION FORM EITHER ONLINE OR ON PAPER AND HAVE INCLUDED YOUR \$75 FEE.

MAIL OR FAX THIS COMPLETED AND NOTARIZED FORM POSTMARKED BY MAY 15 TO :

TCDA, 7900 CENTRE PARK DR., SUITE A, AUSTIN, TX 78754
FAX: 512-474-7873