

# Ohio Educational Theatre Association Area Conference 2012 Permission Form

I hereby authorize Trace Crawford, Scott Tobin, and Diana Vance, teachers at Hilliard Davidson High School, to accompany my son/daughter

\_\_\_\_\_ To the Ohio Educational Theatre Association (Thespian) Area Conference at Bradley High School in Columbus on Saturday, Jan. 7, 2012.

Student's Full Legal Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_, OH Zip \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

The undersigned hereby releases and agrees to hold harmless Hilliard City School District, Trace Crawford, Scott Tobin, and Diana Vance from any and all claims, demands, actions, and causes of action which the undersigned may have as a result of the student listed above traveling to and participating in the Ohio Educational Theatre Association Area Conference. The undersigned also agrees to be responsible for any expenses incurred by the student, caused by the student, and/or any personal injuries, which may occur to the student. The undersigned also agrees to abide by the conference security rules and regulations and with Hilliard Davidson High School's student Code of Conduct, with the understanding that, should any problems occur with the student during the conference, the student may be returned home. Additionally, should any breach of discipline occur with the student during the conference, the student will be subject to disciplinary action upon return to school.

Additionally, the undersigned is aware of all deposit and payment deadlines. Also, the undersigned is aware that once registration and services have been paid for the student, said money is not refundable.

Signature of student: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

**Please complete the emergency medical authorization form on the reverse side of this page.**