

## ShowTime International Student & Chaperone Medical Form

Name:	School:
Home Address:	
Home Phone: (     )     )	Cell: (     )     )
Emergency Contact: Phone: (     )     )	Health Insurance Co.: Policy #
Will you be bringing any medications to camp? <input type="checkbox"/> Y <input type="checkbox"/> N Specify:	Are you under a physician's care? <input type="checkbox"/> Y <input type="checkbox"/> N Reason:
Have you incurred any accidents or do you have any defects or handicaps restricting your activity or the medical treatment you could receive? <input type="checkbox"/> Y <input type="checkbox"/> N Specify:	
Do You have any drug allergies? <input type="checkbox"/> Y <input type="checkbox"/> N Specify:	
Do you have (or have you had) any of these? Asthma or lung disease <input type="checkbox"/> Y <input type="checkbox"/> N / Epilepsy <input type="checkbox"/> Y <input type="checkbox"/> N Rheumatic Fever <input type="checkbox"/> Y <input type="checkbox"/> N / Diabetes <input type="checkbox"/> Y <input type="checkbox"/> N / Fainting spells or dizziness <input type="checkbox"/> Y <input type="checkbox"/> N / Kidney disease <input type="checkbox"/> Y <input type="checkbox"/> N / Heart condition <input type="checkbox"/> Y <input type="checkbox"/> N / Other condition not listed <input type="checkbox"/> Y <input type="checkbox"/> N If yes please explain:	
<b>Student &amp; Chaperone Consent &amp; Release</b>	
<p>I _____ hereby consent to participate in the ShowTime International, Inc. activities. I personally accept full responsibility for my health care including emergency treatment for illness or injury at a hospital or clinic. I hereby consent to be examined and treated by a licensed healthcare provider for any illness, injury, or accident that may arise while attending the ShowTime International, Inc. activities. If I have any medical problems of any kind, whether or not reported on the Medical Information form, my physician has approved my participation at the ShowTime International, Inc. activities.</p> <p>I completely assume all responsibility for safety, security, and medical care for myself. I understand that I will pay for all transportation, emergency room fees and doctor bills, including X-rays or diagnostic tests. Also, I fully understand ShowTime International, Inc. disclaims any and all liability for the safety, security, or protection while at the ShowTime International, Inc. activities, and I agree and accept such disclaimer. I understand and agree that ShowTime International, Inc. assumes no liability for the actions, behavior, health, or security.</p> <p>In consideration of the enrollment in the ShowTime International, Inc. activities, I hereby release ShowTime International, Inc., its employees, and the sponsoring agency or the other organizations involved in the ShowTime International, Inc. activities of any liability regarding the care, supervision, or responsibility for me while attending the activities, and covenant not to sue it or its employees, the sponsoring agency or the other organizations involved in the activities, with respect to any such liability. I willingly and with advance consideration, hereby assume liability for the behavior, security provisions, and medical care of myself while attending ShowTime International, Inc. activities.</p> <p>I specifically release ShowTime International, Inc., its employees, the facility, the hotel and sponsoring agency, its officers, employees and any such personnel or agents of the treating medical facility which may provide emergency medical care, and other organizations involved in the activities with respect to claims arising out of my attendance at ShowTime International, Inc., activities and hereby release and hold harmless and waive any right I or my parent or legal guardian might have under any applicable statute or rule of law governing the effect of a general release on such claims.</p>	
Participant's signature	Date
Parent/Guardian signature	Date
By Signing this form you agree to the stipulations defined by the paragraphs above and attest that all information is correct.	