

**Workshop Presenters, College Scholarship Representatives, Vendors
APPLICATION**

Email this Application and the Medical/Media Release Form immediately to:
mail@louisianathespians.com

Please Circle:

Proposal as: Workshop Presenter, College Scholarship Representative, Vendor

Name _____

Company/ College _____ **Years with Company/College** _____

Address: _____
Street City State Zip

Work Phone () _____

Cell Phone () _____

Email Address (s) _____

Theatre Experience (Include College/Professional/ Teaching experience)

Workshop Title (for Workshop Presenters) _____

Workshop Description (for Workshop Presenters)

Vendors & College Representatives: Would you like one 6 foot table for your display? _____

Workshop Artists, Vendors and College Representatives must complete the Medical/Media Release Form on the next page.

MEDICAL RELEASE FORM/ MEDIA RELEASE FORM
For Workshop Artists, Venders and College Representatives

The undersigned hereby releases and agrees to hold harmless the Louisiana Chapter of the Educational Theatre Association, the Louisiana Thespian Festival and the Educational Theatre Association and all respective agents, employees and representatives of the aforementioned entities from any and all claims, demands, actions and cause of action with the undersigned may have as a result of the person listed below participating with the Louisiana Thespian Festival. The undersigned further agrees to be responsible for him/herself while traveling to and from the Louisiana Thespian Festival. The undersigned also agrees to abide by all policies, rules and regulations of the Louisiana Thespian Festival with the understanding that should any problems occur during the duration of above stated activity; the delegate will be asked to leave the Festival and be financially responsible for all necessary costs incurred. The undersigned also realizes that any fees related to this activity cannot be refunded. Furthermore, the undersigned gives permission to be photographed and/or video in connection with Louisiana Thespians activities.

The undersigned understands that all photos and videos will become property of Louisiana Thespians. Such photos/ videos will be used for the Louisiana Thespians website, educational & promotional presentations, printed materials, social media (as Facebook, Twitter, Instagram, etc.). The undersigned certifies that she/he has read and fully understands this authorization.

Circle: I am a Workshop Artist, College Representative or Vender.

First Name: _____ Last Name: _____ Male or Female

Organization: _____

Home Address: _____ City: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact Person: _____ Relationship to Emergency Contact Person: _____
Emergency Contact Person Cell: _____

Allergic reactions to: _____

Medications presently being taken: _____

Any past illness or information that would be useful in the event medical treatment necessary:

Payment will be made by: (Circle) Delegate, Insurance Company

Physician: _____ Phone Number: _____

Address: _____ City: _____ Zip: _____

Health Insurance Company: _____

Policy Number: _____ Address: _____

City: _____ State: ___ Zip: _____

The undersigned delegate understands that should a major medical problem arise, someone will be notified by telephone. In the event that she or he cannot be reached, she or he hereby gives consent to such medical treatment as deemed necessary, including x-ray examination and anesthesia to be rendered by a licensed physician(s). The undersigned certifies that she/he has read and fully understands this authorization and agrees to the Media Release (photos, videos, social media) statements.

Printed Delegate Name

Signature of Delegate

Date