

Idaho TSA – Authorization & Release Form (Pg. 1 of 3):

CONSENT, RELEASE, HOLD HARMLESS AND AUTHORIZATION TO REPRODUCE PHYSICAL LIKENESS

This form is required of all minors and adults who attend an Idaho TSA (ITSA) state level event. It is the responsibility of the chapter advisor to make sure there is a completed form for each participant, and to give a copy to his or her state advisor prior to the conference/event. ITSA reserves the right to request a completed copy of this form at any time from the chapter advisor. Do not send this form to the national ITSA office.

As used below, (ITSA) shall mean the (State) Technology Student Association and its officers, directors, employees, assigns, and agents (including any third party designated and approved by ITSA) at any time, including, without limitation, individuals or entities involved in print, publication, television, broadcast, or video media.

As used below, “Participant” shall mean any individual, student, advisor, teacher, or volunteer involved in an ITSA activity. The participation in any ITSA program, meeting or conference (collectively, the “Event”), agrees to the following:

- I hereby grant to ITSA the right to photograph and/or videotape me (my child) during my participation in an Event. I further grant to ITSA, forever and throughout the world, the right to use these photographs and videotapes of my likeness, voice and sounds during my participation, and to reuse or license the right to such photographs and videotapes of my participation, and my name, likeness and biography, as ITSA may desire, in all media and in all forms and for all purposes, including without limitation, advertising and other promotions for ITSA, without further compensation to me or any limitation whatsoever.
- In granting this license, I understand that ITSA is not under any obligation to exercise any of their rights, licenses and privileges herein granted. Each such photograph and videotape shall be a ‘work for hire’ and ITSA shall be deemed the owner of any copyright and/or trademark rights therein (and all applications, registrations and renewals resulting there from). If, however, the work is deemed not to be a work made for hire by a court of competent jurisdiction, then this Consent and Release to Produce Physical Likeness (“Release”) shall constitute an irrevocable assignment by the Participant of the worldwide copyright in the work to ITSA.

It is an ITSA policy not to print a minor’s picture accompanied by his/her name unless ITSA has obtained specific permission from his/her parent or guardian.

The undersigned being fully cognizant of the risks in participating in an Event, hereby assumes the risks of bodily injury (including, without limitation, death) and property damage, inherent in such participation. Exception to the extent due to the gross negligence or willful misconduct of ITSA, to the fullest extent permitted by applicable laws, I hereby waive any claims or causes of action which I may now or forever have against ITSA arising out of my participation, and I will indemnify and hold harmless ITSA against any and all claims resulting from such participation. I hereby release ITSA and its respective successors, affiliates, licensees and assigns from all claims, demands, liabilities, damages, costs and expenses (including, without limitation, attorney’s and other professional fees and expenses) that I may now or ever have against ITSA arising in connection with my participation in the Event and ITSA’s exercise of rights hereby granted, including, without limitation, claims for compensation, defamation, or invasion of privacy, or other infringements or violations of personal or property rights of any sort.



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In the event I should sustain injuries or illness while involved in an Event, I hereby authorize ITSA to administer, or cause to be administered, such first aid or other treatment and medications I may bring as may be necessary under the circumstances, to include treatment by a physician or hospital of ITSA’s choice.

This Release shall be binding upon my heirs, personal representatives and assigns, and me and shall be governed by and construed under the laws of the Commonwealth of Idaho without regard to conflicts of laws principles. Venue for any legal action arising out of or in connection with this Release shall be in Ada County, Idaho.

This release constitutes the entire agreement among the parties hereto with respect to the subject matter of this Release and supersedes any and all previous agreements among the parties, whether written or oral, with respect to such subject matter. I understand that this form involves a release of legal rights. A parent or guardian agrees to all of these terms on behalf of a minor.

Please complete the form below and on the next page.

Chapter/School Name _____
City

Participant Full Name (First, Middle, Last)

Age _____
DOB (MM/DD/YYYY) _____
Participant Phone Number

Participant Home Address (Address, City, State, Zip)

Family’s Physician _____
Physician Phone Number

Name of Emergency Contact _____
Phone

Emergency Contact Address (Address, City, State, Zip)

Name of Person Responsible for Your Medical Bills (Guarantor) _____
Guarantor Relationship to Participant

Guarantor’s Employer _____
Employer Phone

Employer’s Address (Address, City, State, Zip)



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HEALTH INFORMATION – In the event of an emergency, this information will be provided to attending medical personnel.

Insurance Company

Phone Number

Insurance Company Address (Address, City, State, Zip)

Insurance Plan Number

Insurance Group Number

Insurance ID Number

Do you have any known allergies? (Please Check One) YES NO

If Yes, Please List: _____

Do you have a history of diabetes, heart condition, asthma, epilepsy, rheumatic fever, or other existing medical conditions? (Please Check One) YES NO

If Yes, Please Explain: _____

Are you currently taking any medications? (Please Check One) YES NO

Please List, If Any: _____

Do you have any physical restrictions? (Please Check One) YES NO

Please List, If Any: _____

Do you wear contact lenses? (Please Check One) YES NO

When was your last tetanus shot? _____

Signature of Participant

Date

Signature of Parent/Guardian

Date