



SEATTLE OPEN PARTICIPANT AUTHORIZATION

Field Trip, Medical and Video Release

If you are under the age of 18, you must have your legal parent/guardian sign this form. If this form is not completed and returned, you will be unable to participate in the Seattle Open High School Improv Tournament. Return form by 12/4/08 to: Wing-It Productions, Attn: Education Director, 5510 University Way NE, Seattle, WA 98105

PARTICIPANT INFORMATION:

Student: _____

School: _____

Email Address: _____

Destination: The Historic University Theater, 5510 University Way NE, Seattle, 98105

Date of Event: Preliminaries: Sunday, December 6, 2009 and Finals: Sunday, December 13, 2009

Type of Transportation you will take to get to the Seattle Open:

Metro Private Vehicle/Driver: Other:

Activities involved in experience (see attached outline for details):

I have reviewed all of the above information. I have reviewed the list of expected activities and I am aware of any special dangers and risks inherent in participating in this activity. I hereby give my permission for my daughter/son to participate in this activity. I approve the transportation plan as outlined by the coach/teacher. My signature reflects my knowledge of the details of the trip and its itinerary.

Signature: _____ Date: _____

MEDICAL RELEASE

In case of emergency, please contact: _____

Relationship to student: _____

Phone Number(s): _____

In case of an emergency, I, _____, the parent/guardian of _____ authorize and consent to emergency medical, surgical, hospital care, treatment and procedures deemed immediately necessary by a physician to safeguard my child's health if I cannot be contacted. I waive my rights of informed consent to such treatment. I also authorize a copy of this consent form to be treated with the same authority as the original.

Signature: _____ Date: _____

The Seattle Open Final Showcase will be filmed, and DVDs of the tournament will be available for purchase. The below release allows your student to take part in the filming of this event.

VIDEO/IMAGE RELEASE

For good and valuable consideration, the receipt of which is hereby acknowledged, I _____ hereby consent to the photographing of my student, _____, and the recording of his/her voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage.

I hereby release Wing-It Productions, and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

Signature: _____ Date: _____