



Justin-Siena High School

2010-2011

THEATRE AGREEMENT FORM

Productions:

- Fall
- Winter
- Spring

Student Name: _____ Male Female Birth Date: _____ Grade: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ E-mail Address: _____
 Student ID #: _____

DRUG TESTING POLICY & ADMINISTRATIVE REGULATION GENERAL AUTHORIZATION:

We have read and understand the contents of the Justin-Siena High School Substance Use and Drug Testing Policy and Administrative Regulation. We understand by signing this document and also the General Authorization Form that we will abide by the terms and conditions of the Justin-Siena High School Substance Use and Drug Testing Policy. We also authorize Justin-Siena High School to conduct random urinalysis to test for drugs and/or alcohol use during the current sports season. We authorize the release of information concerning the results of such a test to Justin-Siena and to my parents and/or guardians. This shall be deemed to consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

The undersigned assumes all risks which are foreseeable and involved with or may arise out of his or her child's voluntary participation in Justin-Siena Theatre, **including, but not limited to**, the risk involved with the activity itself, the negligent and/or willful and wanton acts of others, the criminal and/or intentional acts of others, the omission of an act of another, a defect or condition of the premises or the unavailability of emergency care, those risk factors involved with participating in Justin-Siena Theatre. The undersigned does not assume the risks of injuries caused by the gross negligence, or willful and wanton misconduct of any employees or agents of Justin-Siena High School.

The undersigned releases Justin-Siena High School and all of its directors, trustees, officers, employees, servants, volunteers, and agents not to initiate litigation on account of or in connection with any claims, causes of action, injuries, illnesses, damages, and/or cost of expenses arising out of the activities involved in my child's voluntary participation in the Justin-Siena Theatre Program, **including, but not limited to**, claims, causes of action, injuries, illnesses, damages, and/or cost of expenses, based on death, bodily injury, or property damage whether or not caused by the negligence or other fault of the parties being released.

The undersigned waives the protection afforded by any statute or law in any jurisdiction whose purpose, substance, cause and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing this release. This means, in part, that the undersigned is releasing unknown future claims.

The undersigned agrees to indemnify and defend Justin-Siena High School and all of its directors, trustees, officers, employees, servants, volunteers, and agents (hereinafter jointly referred to as "indemnitee") against, and hold them harmless from, any and all claims, causes of action, damages to or destruction of any property of the indemnitee or any others, injury or death that may result to the undersigned, the undersigned's child, or anyone else.

THE UNDERSIGNED HAS READ AND UNDERSTANDS THIS AGREEMENT AND REALIZES IT RELATES TO SURRENDERING AND RELEASING VALUABLE LEGAL RIGHTS AND DOES SO FREELY AND VOLUNTARILY. MOREOVER, THE UNDERSIGNED UNDERSTANDS THAT HIS OR HER CHILD'S PARTICIPATION IN THE THEATRE EVENT IS VOLUNTARY.

Parent/Guardian signature _____ Date: _____

Student's signature _____ Date: _____



Justin-Siena High School

2010-2011

MEDICAL CONSENT/AUTHORIZATION FOR TREATMENT OF A MINOR

Student Name: _____ Male Female Birth Date: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Insurance Company: _____ Med. ID#: _____

Policy will be in force during the current full school year? Yes _____ No _____ (If yes, it is the parents responsibility to notify Justin-Siena High School of any changes)

In case of a local emergency, please treat my son/daughter, a minor, at the following facility:

() Queen of the Valley Hospital () Kaiser Foundation Hospital

1. We/I, the undersigned, parents of _____, a minor, do hereby authorize Justin-Siena High School as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.
It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment of hospital care which aforementioned physician in the exercise of his/her best judgment may deem necessary.
2. We/I hereby authorize any hospital which has provided treatment to the above named pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to (my/our) above named agents(s) upon the completion of treatment. This authorization given pursuant to Section 1283 of the Health and Safety Code of California. These authorizations shall remain effective until the END OF THE CURRENT SCHOOL YEAR 2011, unless sooner revoked in writing and delivered to said agent(s).
3. I agree to save and hold harmless and indemnify Justin-Siena High School from all liability, loss, cost, claim, lawsuit, or damage, whatsoever, including injury, death, or property damage, which may be imposed upon Justin-Siena High School because of any defect in or lack of such capacity to so act or caused, or alleged to be caused, in whole, or in part, by the negligence of the released parties. Moreover, the undersigned understands that Justin-Siena High School does not carry insurance to cover any possible losses the undersigned's child may incur as a result of his or her voluntary participation in the theatre event. The undersigned is encouraged to have his or her child undergo a medical physical exam and purchase health insurance prior to any and all participation. The undersigned agrees to indemnify Justin-Siena High School for any medical bills paid on behalf of his or her child, and will hold harmless, defend, and indemnify Justin-Siena High School against any claim by a medical care provider, or coverage provider, for the cost of care provided to his or her child.

NOTE: THE KAISER CLINIC IN NAPA may not provide medical service after 5:00PM. In case of emergency, illness or injury in Napa after 5:00PM, the student will be referred to the Emergency Department of the Kaiser Foundation Hospital in Vallejo. However, if in the judgment of the coach-in-charge or team physician the student should be referred to a closer Emergency Department, the student will be referred to the Emergency Department at the Queen of the Valley Hospital. In the latter case, Kaiser Foundation Health Plan will determine whether expenses incurred will be borne by the Health Plan or the member. However, if Kaiser Foundation Health Plan services are not readily available because of time or location, as stated in the note above, I request that available medical facilities and emergency services be utilized.

List all medications presently being taken _____

List any allergies _____

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Parent/Guardian signature _____ Date: _____