

## Area IV Envirothon Release Form

This form is to be completed by each student's parent / guardian and returned to the sponsoring SWCD.

This form must be completed and signed by advisors, staff persons and guest and returned to the sponsoring SWCD.

Attendee's Full Name: (Please Print) \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State : \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Parent Work Phone (     ) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Relationship to Attendee: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Allergies (food, medication, insects, etc.): \_\_\_\_\_

Medical Conditions (asthma, diabetes, etc.): \_\_\_\_\_

Medications Currently Being Taken: \_\_\_\_\_

I understand the Area IV Envirothon may be strenuous and adverse weather conditions may occur. Nevertheless, I assume the risk involved. In the event of an accident, I authorize the Area IV Envirothon to provide emergency medical treatment for me during this event. I have been assured that all reasonable care will be taken to prevent incident: therefore, I will not hold The Area IV Envirothon, The Ohio Federation of Soil and Water Conservation Districts, or the host site liable should an accident occur.

I also give my consent to the use of any photographs or video taken of me by officials of the Area IV Envirothon or their representatives to be used for promotional and/or editorial purposes only.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

I (please print), \_\_\_\_\_ (parent/guardian) give permission for my child \_\_\_\_\_ (name) to participate in the Area IV Envirothon.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

**\*\*\*\* RELEASE FORMS FOR EACH TEAM MEMBER ATTENDING THE COMPETITION AND THEIR ADVISORS MUST BE SIGNED AND RETURNED WITH THE REGISTRATION FORM. \*\*\*\***