Area and Ohio Envirothon Release Form



Revised 8/2010

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

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

Attendee's Full Name (please prin	nt)	
Home Address		
Street a	ddress, City, State, Zip Code	
Home Phone ()	Parent Work Phone ()	
Emergency Contact	Phone ()	
Relationship to Attendee		
Medical Insurance Provider	Policy #	
Allergies (food, medication, insec	ts, etc.)	
Medical Conditions (asthma, diab	etes, etc.)	
Medical Equipment Used (Epi-per	n, inhaler, etc.)	
Please bring an	ny needed medical supplies with you to the testing station	s.
Medications Currently Being Take	en	
Nevertheless, I assume the risk i provide emergency medical trea care will be taken to prevent inc Soil and Water Conservation Di	on may be strenuous and adverse weather conditions movelved. In the event of an accident, I authorize the Ohtment for me during this event. I have been assured the ident: therefore, I will not hold Ohio Envirothon, the Ostricts, or the host site liable should an accident occur. of any photographs or videos taken of me by officials of	nio Envirothon to at all reasonable Ohio Federation of
	ed for promotional and/or editorial purposes only.	
Signature of Participant	Date	
I (please print)	(parent/guardian) give permission for my child	
to participate in the Area and/or O	phio Envirothon.	(name)
Signature of Parent/Guardian	Date	
Relationshin to Participant		