

Area and Ohio Envirothon Release Form



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 print)* _____

Home Address _____
Street address, City, State, Zip Code

Home Phone () _____ Parent Work Phone () _____

Emergency Contact _____ Phone () _____

Relationship to Attendee _____

Medical Insurance Provider _____ Policy # _____

Allergies *(food, medication, insects, etc.)* _____

Medical Conditions *(asthma, diabetes, etc.)* _____

Medical Equipment Used *(Epi-pen, inhaler, etc.)* _____

Please bring any needed medical supplies with you to the testing stations.

Medications Currently Being Taken _____

I understand the Ohio 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 Ohio 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 Ohio 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 videos taken of me by officials of the 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 and/or Ohio Envirothon.

Signature of Parent/Guardian _____ Date _____

Relationship to Participant _____