

Ohio Envirothon Release Form



This form is to be completed by each student's parent/guardian and returned to Geauga Soil and Water Conservation District (SWCD).

This form must also be completed and signed by advisors, staff persons and guests and returned to the Geauga 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 taken of me by officials of the Ohio 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 _____