

## 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 \_\_\_\_\_