

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 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: _____

City: _____ State: _____ Zip: _____

Home Phone (____) _____ Parent Work Phone (____) _____

Emergency Contact: _____ 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 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 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 and/or Ohio 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 THIS REGISTRATION FORM**