



# 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.)* \_\_\_\_\_

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 \_\_\_\_\_