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 | |
| | lress, 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, diabet | es, etc.) |
| Medical Equipment Used (Epi-pen, | inhaler, etc.) |
| Please bring any | needed medical supplies with you to the testing stations. |
| Medications Currently Being Taken | |
| Nevertheless, I assume the risk interprovide emergency medical treatment care will be taken to prevent incide | n may be strenuous and adverse weather conditions may occur. volved. In the event of an accident, I authorize the Ohio Envirothon to nent for me during this event. I have been assured that all reasonable lent: therefore, I will not hold Ohio Envirothon, the Ohio Federation of ricts, or the host site liable should an accident occur. |
| | f any photographs or videos taken of me by officials of the Envirothon for promotional and/or editorial purposes only. |
| Signature of Participant | Date |
| I (please print) | (parent/guardian) give permission for my child |
| to participate in the Area and/or Ohi | to Envirothon. (name) |
| Signature of Parent/Guardian | Date |
| Relationship to Participant | |

Revised 12/2023