## 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 addre	ss, City, State, Zip Code
Home Phone ( )	Parent Work Phone ( )
Emergency Contact	Phone ( )
Relationship to Attendee	
Medical Insurance Provider	Policy #
Allergies (food, medication, insects, et	c.)
Medical Conditions (asthma, diabetes,	<i>etc.</i> )
Medical Equipment Used (Epi-pen, in	aler, etc.)
Please bring any n	eeded medical supplies with you to the testing stations.
Medications Currently Being Taken	
Nevertheless, I assume the risk involution provide emergency medical treatment care will be taken to prevent incider	ay be strenuous and adverse weather conditions may occur. ved. In the event of an accident, I authorize the Ohio Envirothon to at for me during this event. I have been assured that all reasonable t: therefore, I will not hold Ohio Envirothon, the Ohio Federation of ts, or the host site liable should an accident occur.
	ny photographs or videos taken of me by officials of the Envirothon r 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 Ohio	Envirothon. (name)
Signature of Parent/Guardian	Date
Relationship to Participant	Revised 12/12/12