

Envirothon Medical Information and Photo Release Form

Please Type or Print All Information

This must be completed by ALL Team Members in any Regional Envirothon and the Missouri Envirothon. This form covers both events.

Dear Parent/Guardian/Student:

Name of School/Organization: _____

Name of Student/Participant: _____ or Check here if you are completing this form as the attending advisor _____ and complete contact person information at the bottom

Date of birth: _____ 18 years or older? Check here: _____ and sign below

Advisor's name: _____

Advisor's cell phone number: _____

Regional Envirothon you are attending (Central, NW, NE, SW, St. Louis) _____

Please list any medical conditions that we need to be aware of: (diabetes, asthma, etc.)

Primary Physician Name/phone number: _____

By signing below, I agree that:

1. The information above is accurate and complete.
2. Participant may be photographed by the Regional or State Envirothon, and its sponsors and their respective employees. I understand the photograph and/or other digital reproduction of participant, or other reproduction of participant's physical likeness, may be published in print, digitally and/or electronically in any media, without limitation, including the internet.
3. I give permission for Participant to participate in the Regional Envirothon and, if Participant's team advances, in the Missouri Envirothon.
4. I release the Missouri and the Regional Envirothon programs and their respective committees, employees, volunteers, and sponsors, from any liability arising from or related to Participant's participation in Envirothon including medical treatment resulting from participation in the Regional or Missouri Envirothon competitions, other than liability for willful misconduct.
5. In case of a medical emergency concerning Participant at a time when I cannot be notified, I authorize any necessary medical care or treatment of Participant, including hospitalization.

18 year old or Parent/Guardian Signature: _____ Date: _____

(if participant is under age 18 complete): Parent/Guardian Name: _____

Phone: _____ Alternate Contact Person: _____

Phone: _____ Relationship to participant: _____