

# Envirothon Medical Information and Photo Release Form

For **All Advisors**

Please Type or Print All Information

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

Name of School/Organization: \_\_\_\_\_

Advisor's name: \_\_\_\_\_ Advisor's phone #: \_\_\_\_\_

**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: \_\_\_\_\_

**Review and sign below, that:**

1. The information above is accurate and complete.

3. I 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 myself or other reproduction of my likeness, may be published in print, digitally and/or electronically in any media, without limitation, including the internet.

4. In case of a medical emergency, please contact as marked below, however, if contact cannot be made, I authorize any necessary medical care or treatment for myself, including hospitalization.

5. 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 myself attending the Envirothon including medical treatment resulting from attendance at the Regional or Missouri Envirothon competitions, other than liability for willful misconduct.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**In case of Emergency---Please print----**

1<sup>st</sup> Contact Person Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to: \_\_\_\_\_

2<sup>nd</sup> Contact Person Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to: \_\_\_\_\_