

Envirothon Medical Information and Photo Release Form

For all Team Members
Please Type or Print All Information

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

Name of School/Organization: _____

Advisor's name: _____ Advisor's phone #: _____

Name of Student: _____ Student's Date of birth: _____

Check here if you are the student, 18 years or older _____ and complete and sign on your behalf.
Providing 1st and 2nd contact information at the bottom in case of emergency.

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

Dear Parent/Guardian/Student:

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.
2. I give permission for Student to participate in the Regional Envirothon and, if student's team advances, in the Missouri Envirothon.
3. Student 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 student, or other reproduction of student's physical 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 concerning Student at a time when I cannot be notified, I authorize any necessary medical care or treatment of Student, 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 Student's participation in Envirothon including medical treatment resulting from participation in the Regional or Missouri Envirothon competitions, other than liability for willful misconduct.

Parent/Guardian **OR** 18 year old student Signature: _____ Date: _____

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

1st Contact--Parent/Guardian Name: _____ Phone: _____

2nd Contact Person Name: _____ Phone: _____

2nd Contacts Relationship to participant: _____