

2021 ENVIROTHON COMPETITION HEALTH RELEASE FORM September 24, 2021

Return this form to: Andrea Petersen, ND Envirothon Coordinator ndenvirothon@gmail.com

(There must be one form for each participant.)

Name:			Home Telephone:	
Home Address:				
City:	State:			
IN CASE OF AN EMI	ERGENCY, PI	ROVIDE ANOTHER	CONTACT BESIDES YOUR HO	OME:
Name:			Telephone:	
Relationship:		E-mail:		·
			tions or allergies that the staff sh explain:	
Doctor's Name:		Town:	Telephone:	
Health Insurance Name	:		nsurance Number:	
emergency medical car I agree to defend, inde	re. mnify and hold d all claims, in	d the Lewis and Clar juries, damages or of	nvirothon staff to give permission k Envirothon and North Dakota of her liabilities incurred while atter	4-H Camp
Participant's Signature	e:		Date:	
Parent/Guardian Signature:			Date:	

The Envirothon does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in the provision of or sponsorship of educational programs