

**2019 ENVIROTHON COMPETITION HEALTH/LIABILITY
RELEASE FORM
May 8-10, 2019**

Return this form to: Dane Buysse, Coordinator - or - Email to: ndenvirothon@gmail.com
North Dakota Envirothon
PO Box 123
Turtle Lake, ND 58575

(There must be one form for each participant, feel free to photocopy this sheet as needed.)

Name: _____ Home Telephone: _____

Home Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

For housing purposes only, please check one: _____ Male _____ Female

IN CASE OF AN EMERGENCY, PROVIDE ANOTHER CONTACT BESIDES YOUR HOME:

Name: _____ Telephone: _____

Relationship: _____ E-mail: _____

Do you have any special needs, physical conditions, limitations or allergies that the staff should be aware of? _____ Yes _____ No If yes, please explain: _____

Doctor's Name: _____ Town: _____ Telephone: _____

Health Insurance Name: _____ Insurance Number: _____

In the event of a medical emergency, I do authorize the Envirothon staff to give permission for emergency medical care.

I agree to defend, indemnify and hold the North Dakota Envirothon and Crystal Springs Bible Camp harmless from any and all claims, injuries, damages or other liabilities incurred while attending the North Dakota Envirothon Competition on May 8-10, 2019.

Participant's Signature: _____ **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