

ND Envirothon State Competition - May 8-10, 2024

2024 ENVIROTHON HEALTH RELEASE FORM

Return this form to: Andrea Petersen, ND Envirothon Coordinator ndenvirothon@gmail.com
(There must be one form for each participant/advisor/volunteer. Due February 29, 2024)

Name: _____ Home Telephone: _____

Home Address: _____

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

IN CASE OF AN EMERGENCY, PROVIDE A CONTACT:

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: _____ City: _____ 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 ND Envirothon and Crystal Springs harmless from any and all claims, injuries, damages or other liabilities incurred while attending the ND Envirothon State Competition May 8-10, 2024.

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

2024 ENVIROTHON PHOTO RELEASE FORM

I CONSENT/DO NOT CONSENT (circle one) to the use of any photographs taken of my child/dependent/self by the staff/officials to be used only for editorial and/or promotional uses of the North Dakota and National Envirothon. I agree to defend, indemnify and hold the ND Envirothon and Crystal Springs harmless from any and all claims, injuries, damages or other liabilities incurred while attending the North Dakota Envirothon Competition May 8-10, 2024.

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