

# 2020 ENVIROTHON COMPETITION HEALTH/LIABILITY RELEASE FORM

May 6-8, 2020

Return this form to: Dane Buysse, Coordinator - or - Email to: ndenvirothon@gmail.com  
North Dakota Envirothon  
705 8<sup>th</sup> Ave NE  
Mandan, ND 58554

*(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.**

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.*