## Area and Ohio Envirothon Release Form - 2018

This form is to be completed by each student's parent/guardian and returned to Geauga SWCD. This form must also be completed and signed by advisors, staff persons and guests and returned to the Geauga SWCD.

Attendee's Full Name (please print)	
Home Address	
Street address, City, State, Zip Code	
Home Phone ( )	
Parent Work Phone ()	
Emergency Contact	
Phone ()	
Relationship to Attendee	
Medical Insurance Provider	Policy #
Allergies (food, medication, insects, etc.	)
Medical Conditions (asthma, diabetes, etc.)	<del>-</del>
Medical Equipment Used ( <i>Epi-pen, inha</i>	ler, etc.)
Medications Currently Being Taken	
Please bring any n	eeded medical supplies with you to the testing stations.
Nevertheless, I assume the risk involve provide emergency medical treatment	virothon may be strenuous and adverse weather conditions may occur. ed. In the event of an accident, I authorize the Area and Ohio Envirothon to for me during this event. I have been assured that all reasonable care will e, I will not hold Area and Ohio Envirothon, the Ohio Federation of Soil and ost site liable should an accident occur.
- ·	any photographs or videos taken of me by officials of the Area and State be used for promotional and/or editorial purposes only.
Signature of Participant	
Date	_
I, (please print)	(parent/guardian) give permission for my(name)to participate in the Area and/or Ohio Envirothon.
child	(name)to participate in the Area and/or Ohio Envirothon.
Signature of Parent/Guardian	Date
Relationship to Participant	

NOTE: All teams must be registered by <u>March 20, 2018.</u> Mail and E-Mail are accepted. (No fax) Return forms to Geauga SWCD – 14269 Claridon-Troy Rd. or email to knainiger@geauagswcd.com