

Area 2 and Ohio Envirothon Volunteer Release Form - 2020

This form is to be completed by each volunteer/staff persons and returned to Columbiana SWCD.

Attendee's Full Name *(please print)* _____

Home Address _____
Street address, City, State, Zip Code

Phone () _____

Emergency Contact _____

Phone () _____

T-shirt Size _____

Relationship to Attendee _____

Medical Insurance Provider _____ Policy # _____

Dietary Restrictions (vegetarian, vegan, gluten free, etc.) _____

Allergies *(food, medication, insects, etc.)* _____

Medical Conditions *(asthma, diabetes, etc.)*

Medical Equipment Used *(Epi-pen, inhaler, etc.)* _____

Medications Currently Being Taken _____

Please bring any needed medical supplies with you to the testing stations.

I understand the Area 2 and Ohio Envirothon may be strenuous and adverse weather conditions may occur. Nevertheless, I assume the risk involved. In the event of an accident, I authorize the Area 2 and Ohio Envirothon to provide emergency medical treatment for me during this event. I have been assured that all reasonable care will be taken to prevent incident: therefore, I will not hold Area 2 and Ohio Envirothon, the Ohio Federation of Soil and Water Conservation Districts, or the host site liable should an accident occur.

I also give my consent to the use of any photographs or videos taken of me by officials of the Area 2 and State Envirothon or their representatives to be used for promotional and/or editorial purposes only.

Signature of Participant _____

Date _____

Return form by drop off, mail, email or fax to: Columbiana SWCD –

1834-B South Lincoln Avenue, Salem, OH 44406, Lindsay.Short@oh.nacdn.net or

FAX (330) 259-1075 by March 30, 2020