



**Area 2 & Ohio Envirothon Release Form
Area 2 Hosted by Richland SWCD**



Please type or neatly print.

This form is to be completed by each student's parent/guardian and returned to ASHTABULA SWCD with registration no later than March 05, 2025. This form must also be completed and signed by advisors, staff persons, and guests and returned to ASHTABULA SWCD. **The firm deadline for all forms to Ashtabula SWCD is no later than March 05, 2025.** COUNTY _____

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.)* _____

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/Ohio Envirothon may be strenuous and adverse weather conditions may occur. Nevertheless, I assume the risk involved for myself or my minor child. In the event of an accident, I authorize the Area/Ohio Envirothon to provide emergency medical treatment for me or my minor child during this event. I will also assess the covid level at the time of the event and make a decision that is in mine or my minor child's best interest to attend or decline participation. I understand the risk involved in high population events. I have been assured that all reasonable care will be taken to prevent incident: therefore, I, on behalf of myself or minor child, will not hold Area/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 or my minor child by officials of the Envirothon or their representatives to be used for promotional and/or editorial purposes only.

Signature of Participant _____ Date _____

I (please print) _____ (parent/guardian) give permission for my child
_____ (name) to participate in the Area and/or Ohio Envirothon.

Signature of Parent/Guardian _____ Date _____

Relationship to Participant _____

*For more registration information/to send forms: Call Suzanne Westlake @ 440-576-4946, or ashtabulaswcd@gmail.com
For event day information/questions: Call Richland SWCD @ 419-747-8685, or contact@richlandswcd.net*