



Coalition for Conservation and Environmental Education (C²E²)



ENVIROTHON HEALTH and PHOTO RELEASE FORM

May 6,7,10, 2010

Return this form by February 1, 2010 to:

Diane Olson, Coordinator
North Dakota Envirothon
4035 119 Avenue Southeast
Valley City, ND 58072

Or fax it to: (701) 845-1674

(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 ___ Student ___ Adult

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 also consent 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 Coalition for Conservation and Environmental Education and Cooperstown Bible Camp harmless from any and all claims, injuries, damages or other liabilities incurred while attending the ND Envirothon Competition on May 6,7,8, 2010

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____