

Medical Information and Photo Release Form

Please Type or Print All Information

This must be completed if you are participating in any regional Envirothon and the Missouri Envirothon. This form is for both events.

Name of Participant: _____ Date of birth: _____

Name of School/Organization: _____

Parent/Guardian Name (if participant is under age 18): _____

Phone #1: _____ Phone #2: _____

Alternate Contact Person: _____ Phone _____ Relationship to participant: _____

Advisor's name: _____ Advisor's cell phone number: _____

Regional Envirothon you are attending: _____

Please completely describe any **health concerns** which may recur or be a factor in any medical treatment:

Medical Conditions: (diabetes, asthma, physical disability, etc.) _____

If currently taking medication, please provide the following information:

Name of Medication: _____

Prescribing Physician/phone number: _____

Please attach a copy of insurance card (front & back) to this form

By signing below, I agree that:

1. The information above is accurate and complete.
2. Participant may be photographed by the regional or state Envirothon, and its sponsors and their respective employees and the photograph and/or other digital reproduction of participant, or other reproduction of participant's physical likeness, may be published in print, digitally and/or electronically in any media including, without limitation, including the Internet.
3. I give permission for Participant to participate in the regional Envirothon and, if Participant's team advances, to the Missouri Envirothon.
4. I release the Missouri and the regional Envirothon programs and their respective committees, employees, volunteers, and sponsors, from any liability arising from or related to Participant's participation in or medical treatment resulting from participation in the regional or state Missouri Envirothon competitions, other than liability for willful misconduct.
5. In case of medical emergency concerning Participant at a time when I cannot be notified, I authorize any necessary medical care or treatment of Participant, including hospitalization.

Signature (Parent or Legal Guardian): _____

Date: _____



The Missouri Envirothon is offered on a nondiscriminatory basis without regard to race, color, national origin, religion, sex, age, marital status, or physical challenges.