2020 Georgia Envirothon Participant Release Form

All participants and visitors to the GA Envirothon 2020 events must fill out and sign a release form prior to attending the competition. If the participant is a minor, this form must be signed by a parent or legal guardian. All information will be protected for privacy.

Name:			
Home Address:			
City:	Primary Phone:		
Participant Email:			
School/Organization:			
Birth Date:	Grade:		
Advisor Name:	Email:		
Emergency Contact:	Phone:		
Insurance Provider:			
Policy Holder:	Relationship to Participant:		
Policy #:	Provider Phone:		
Medical History Are you currently taking any prescription medication	n(s)? Yes No Name of medication:		
Known Allergies or Medical Conditions:			
Dietary Restrictions or Food Allergies:			
Liability Waiver and Media Release			

I, _____understand that:

This competition is an outdoor event that may be strenuous and that adverse weather conditions may occur. I acknowledge that there is the possibility of accident or injury while attending the Georgia Envirothon competition.

I assume the risk involved and hereby release the Georgia Envirothon, Georgia Envirothon volunteers, Georgia State Parks/DNR, and all others participating in the Envirothon competition of any liability. This release is total and without reservation on my part.

I hereby give my consent for the use of any photographs, audio and/or video clips taken of me by members of the Georgia Envirothon, their official representatives and/or sponsors, as well as professional media personnel, for editorial or promotional use only.

By signing this form I acknowledge that I have read and understand its contents.

For Minor Participants:

I, ______the parent/legal guardian of ______ give permission for my child to travel to the location(s) of the Georgia Envirothon competition(s) under the care and supervision of the team advisor for the purpose of attending the 2020 GA Envirothon Competition.

My child's advisor,	 , has medical authority for my child w	hile
on this trip.		

Parent/Guardian Signature: ______Date: _____Date: ______Date: _____Date: _____Date: _____Date: _____Date: ______Date: _____Date: ______Date: _____Date: ______Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: ______Date: _____Date: ____Date: ____Date: _____Date: _____Date: _____Date: _____Date: ____Date: ____Date: _____Date: ____Date: _____Date: _____Date: ____Date: ____Date: ____Date: ____Date: ____Date: ____Date: _____Date: _____Date: _____Date: ____Date: consent.