

Area and Ohio Envirothon Volunteer Release Form - 2019

This form is to be completed by each volunteer/staff persons and returned to Ashtabula 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 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 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 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 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: Ashtabula SWCD – 39 Wall St,
Jefferson, OH 44047, ashtabulaswcd@gmail.com or FAX (440) 576-9546
by March 22, 2019**