



Team/Minor Guest Release Form

Please Type or Print All Information (Everyone attending any Georgia Envirothon event must fill out and return.)

Name of Participant: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Alternate Contact Person: _____ Relationship to you: _____

Advisor: _____

Student is covered by group or medical insurance: _____ Yes _____ No

*Name of insured: _____

Insurance Company: _____ Group #: _____

Policy #: _____

Health Concerns: (medications, allergies, etc.): _____

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

If currently taking medication, please provide the following information:

Name of Medication: _____

Prescribing Physician/phone number: _____

LIABILITY RELEASE: I hereby release, hold harmless and indemnify the Georgia Envirothon and all their officers, agents, employees and volunteers from any legal liability, claims, damages and costs for any injury caused by or resulting from participation in the Georgia Envirothon. I agree that my dependent will adhere to the code of conduct and contest rules (attached). I hereby grant the right to photograph my dependent and use the photo and/or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication purposes, whether electronic, print, digital or electronic publishing via the Internet to the Georgia Envirothon and to its employees, agents, assigns, and a sponsors.

Signature of participant: _____ Date: _____

I, _____ (parent/guardian) give
permission for my dependent, _____ to
travel to _____ (competition location) in the care of
_____(Advisor) for the
purpose of participating in the Georgia Envirothon.

Signature of Guardian/Parent: _____ Date: _____

(*Signature gives consent for full participation, medical release, travel and photo consent.)
* Insurance Coverage is Mandatory