

Area I Envirothon
Advisor/Adult Volunteer Medical Form

Attendee's Full Name (*please print*) _____

School/Agency Represented _____

Home Address _____
Street address, City, State, Zip Code

Home Phone () _____ Cell/Other Phone () _____

Emergency Contact _____ Phone () _____

Relationship to Attendee _____

Medical Insurance Provider _____ Policy # _____

Allergies (*food, medication, insects, etc.*) _____

Medical Conditions (*asthma, diabetes, etc.*) _____

Medications Currently Being Taken _____

Signature _____ **Date** _____

Refusal to Consent

I do NOT give my consent for emergency medical treatment. In the event of illness or injury requiring medical treatment, I wish the authorities to take no action or to: _____

Signature _____ **Date** _____

This form must be completed and signed by advisors, staff persons and guests and returned with registration to the Van Wert SWCD or brought the day of the event.

**Area I Envirothon Release Form
For Advisors/Adult Volunteers**



I understand the Area I 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 I 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 the Area I 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 taken of me by officials of the Area I Envirothon or their representatives to be used for promotional and/or editorial purposes only.

Signature of Participant: _____

Date: _____

School/Agency Represented: _____

Revised 11/20/2007

This form is to be completed by each advisor/adult volunteer and submitted to the Van Wert SWCD with the team registration forms.