

2007 CNY Regional Envirothon Release Form

Each person attending the CNY Regional Envirothon (volunteers, advisors, team members, committee members etc.) must fill and return this form. Please return it to your school's Team Advisor, who will submit it to the CNY Regional Envirothon Committee. If we do not receive a completed form from everyone attending, your team will not be allowed to compete.

Attendee's Full Name: _____

County (please circle one): Cayuga Chenango Madison Onondaga Wayne

Name of School: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Emergency Contact: _____ Relationship to Attendee: _____

Insurance Provider: _____ Policy # : _____
(Insurance required for participation)

Allergies (bee stings, medication, food, etc.): _____

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

Medications currently being taken: _____

I understand this event may be strenuous, and adverse weather conditions may occur. Nevertheless, I assume the risk involved. In the event of an accident, I authorize Central New York Envirothon to provide emergency medical attention for me during this event. I've been assured all reasonable care will be taken to prevent any incident; therefore, I will not hold the Central New York Envirothon Committee, or the Rogers Environmental Education Center liable should an accident occur.

I also give my consent to the use of any photographs taken of me by officials of the CNY Regional Envirothon Committee, or their representatives, to be used for editorial and/ or promotional uses only.

Signature of Attendee: _____ Date: _____
(if over the age of 18)

I, _____, give permission for my child, _____,
(parent / guardian) (attendee)

to travel to Sherburne, NY to attend the 2007 CNY Regional Envirothon academic competition at the Rogers Environmental Education Center, in the care of :

Advisor's name: _____

Advisor's address: _____

Advisor's phone #: _____

Signature of Parent / Guardian: _____
(Signature gives consent for full participation, medical release, travel and photo consent)

Date: _____ Relationship to Attendee: _____