



Michigan Envirothon

Inspiring Environmental Stewardship in
Michigan's High School Students



Michigan Envirothon Release/Health Form

All students, advisors, and volunteers must complete this form to participate in any Michigan Envirothon event.

Team Name & Advisor Name: _____

Attendees Full Name: _____ Date of Birth: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Email Address: _____

Emergency Contact Person: _____

Relationship to Attendee: _____ Phone Number: _____

Insurance Provider: _____ Name of Insured: _____

Group Number: _____ Policy Number: _____

Allergies (medication, food, etc.): _____

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

Medications currently being taken: _____

***Please place your initials in the spaces provided, stating that you agree to the following three statements:**

_____ 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 the Michigan Envirothon to provide emergency medical attention for me during all Michigan Envirothon sanctioned events. I have been assured that all reasonable care will be taken to prevent incident, therefore, I will not hold Michigan Envirothon liable should an accident occur.

_____ I have read the rules and regulations of the Michigan Envirothon and agree to them.

_____ I give my consent to the use of any photos and videos taken of me by officials of the Michigan Envirothon, or their representatives, to be used for educations, editorial or promotional uses only.

Signature of Participant: _____ Date: _____

- The statement below is for use by parent/guardian of minors under the age of 18-
I, _____ (parent/guardian), give permission for my child, _____, to travel to Michigan Envirothon events in the care of _____ (team advisor) for the purpose of attending and participating in Michigan Envirothon events.

Signature of Parent/Guardian: _____ Date: _____