

WV ENVIROTHON Parental / Medical and Publicity Release Form

Please make 2 copies of this form for each student (One MUST accompany student at check-in; Advisor retain one)

Students Name:	Advisor:
Team Name:	Organization:
Advisor Authorization and S	tudent Participation:
	To
	, (advisor) hereby certify that this student has been authorized to
represent our organization as	a participant and has received instructions concerning the WV Envirothon
Competition rules.	
Signature of Advisor	Date
_	
I,	, (student) hereby verify that I have received the above information.
Signature of Student	Date
Medical/Parental Consent:	
ī	narent/guardian of
(Print Parent/Guardian name)	parent/guardian of, (Print Student name)
hereby authorize in advance as	ny necessary medical treatment required for my son/daughter.
-	
This student is under medical of the student is under medical	care: YES NO
Known Allergies:	
Insurance Information:	
	Policy Number:
	Phone: Phone:
Efficiency Contact.	r none.
Publicity release: Lauthorize	the WV Envirothon Committee to use my son/daughter's name, photo, and /or
	use including, but not limited to, educational resources, press releases, web
	licity materialsYESNO
	tion: I agree not to hold the WV Envirothon Committee and/or the fourteen
	um of understanding liable for any accident, illness, or injury to my ition in any authorized activity including, but not limited to, travel to and from
	nformation listed above is correct to the best of my knowledge and do hereby
	n/daughter to participate in the 2013 WV Envirothon Competition.
Signature of Parent	Date

The WV Envirothon Committee prohibits discrimination in its program on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, and marital and/or family status. Persons with disabilities who require alternative means of communications or accommodations should contact Shirley Hyre at 304-364-8424 or Crystle Buchanan at 304-422-9072 ext. 114.