

Photo and Medical release form

(MUST BE COMPLETED FOR EACH PERSON UNDER THE AGE OF 18)



Name: _____ Age _____ Gender _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: (_____) _____ Alternate Phone Number: (_____) _____

Emergency Telephone Number: (_____) _____

Insurance Company _____ Policy Number _____

Allergies and Health Concerns _____

Is your son or daughter under the care of a physician? yes no

Please provide pertinent information: _____

Is your son or daughter taking prescription medication? yes no

Please list and explain: _____

Please list any over-the-counter medications you do not wish dispensed to your child.

The participant listed on this form will be attending all Create North Dakota sanctioned activities.

We (I) the parents or guardians, the individual listed, and on behalf of personal representatives and our (my) heirs, hereby voluntarily agree to release, waive, forever discharge, hold harmless, defend and indemnify Destination ImagiNation, Inc., Create North Dakota, and their agents, officers, boards, volunteers and employees from any and all liability and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in activities related to the tournament including travel to and from the event.

Furthermore, we (I) are the parent(s) or legal guardians(s) of this participant and hereby grant permission for him/her to participate fully in CreateNDsanctioned events and hereby give permission to take him/her to a doctor or hospital and authorize medical treatment including, but not limited to, emergency surgery, tests, medications or x-rays. We (I) will assume all responsibility for all medical bills, if any. I understand that if medical treatment is required I will be contacted as soon as possible. Should it be necessary for my child to be sent home for medical reasons, disciplinary reasons, or otherwise, we (I) will hereby assume all costs.

We (I) hereby grant permission for Destination ImagiNation, Inc. and CreateND to publish images of activities and of this participant for the purpose of promoting Destination ImagiNation®. We (I) grant this permission freely without reservation.



PARENT/GUARDIAN SIGNATURE

PRINT NAME

PARTICIPANT SIGNATURE

PRINT NAME

School/Affiliation _____

Team Name _____

Challenge _____ Level _____ Passport ID# _____