

# Photo and Medical Release Form

Must be completed for each person over the age of 18



Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Emergency Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Please check here if you are over the age of 18.

The participant listed on this form will be attending CreateND Sanctioned event(s).

As the individual and on behalf of personal representatives and my heirs, I 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.

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



PARTICIPANT SIGNATURE

PRINT NAME

School/Affiliation \_\_\_\_\_

Team Name \_\_\_\_\_

Challenge \_\_\_\_\_

Level \_\_\_\_\_

Passport ID# \_\_\_\_\_

