

# Parental Consent, Photo & 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 NJDI Affiliate Finals Tournament at Robbinsville High School.**

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

Signature of Participant	Printed Name	Date
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Signature of Mother or Guardian	Printed Name	Date
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Signature of Father or Guardian	Printed Name	Date
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Team Name
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Challenge	Level	Passport ID
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