

Parental Consent & Photo 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: (_____) _____

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

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

Challenge	Level	Passport ID
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