

Parental Consent and Photo Release Form

(must be completed for each person under the age of 18)

Name: _____ Age _____ Gender _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent's Email Address: _____

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

Emergency Telephone Number: (_____) _____

The participant listed on this form will be attending the _____ Tournament at _____ 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., Washington Imagination Network 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., Washington Imagination Network, and their agents 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 _____

School Name (if different from Team Name) _____

Challenge	Level	Passport ID#
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PHOTO & GENERAL RELEASE FORM

(must be completed for each person over the age of 18)

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

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 the _____ Tournament at _____ School.

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., Washington Imagination Network, 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., Washington Imagination Network and their agents to publish images of activities and of me for the purpose of promoting Destination ImagiNation®. I grant this permission freely without reservation.

Signature of Participant

Date

Team Name

School Name (if different from Team Name)

Challenge

Level

Passport ID#