

**2015 WIN/WA Destination Imagination
Consent and Release Form**

This form must be completed for EACH participant in the Regional and/or State Tournaments and brought to the team check-in at the Regional Tournament. You will need the team name and membership number to complete this form. Please contact the team manager for this information.

Team Number 147-_____ Team Name _____

Team Member Name: _____

Participant Age (legal & demographic purposes) _____ Gender (for demographic purposes) _____

Contact Information

City / Town: _____ Home Phone Number: _____

Cell Phone or Alternative Phone (Required for Parent of Participants under age 18) _____

Emergency Telephone (Required for all Participants) _____

Any Health Information Needed For Emergency Treatment Purposes: _____

The person on this form will be attending the Washington Imagination Network AKA WA Destination Imagination Tournaments in 2015.

We (I) the parent(s) or guardian(s) of the minor child listed or as the individual if age 18 or above, and on behalf of personal representatives and our (my) heirs, hereby voluntarily agree to release, waive, forever discharge, hold harmless, defend and indemnify Washington Imagination Network, Destination Imagination, Inc, the school districts hosting the Washington State Destination Imagination Tournaments 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 participation in activities related to the Destination Imagination Regional and State/Affiliate Tournaments including travel to and from the events.

Furthermore, we (I) are the parent(s) or legal guardian(s) of this participant or as the individual if age 18 or above, hereby grant permission for medical care and authorize medical treatment including but not limited to, emergency surgery, tests, medications, or imaging. We (I) will assume all responsibility for all medical bills, if any. We (I) understand that if medical treatment is required, parents will be contacted as soon as possible.

Furthermore, should it necessary for our (my) child to be sent home for medical reason, disciplinary reason, or otherwise; we (I) will assume all costs.

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

While a participant age 18 or older may sign on their behalf without parent/guardian consent, the acknowledgement of these terms by the parent (s) is encouraged.

Signature of Parent or Guardian

Email Address

Signature of Additional Parent or Guardian

Email Address

Signature of Participant (18yrs & above)

Email Address

Date This Consent and Release Form Was Read and Accepted _____