



# Adult Participant Release Form

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

\_\_\_\_\_  
Name Date of Birth Gender

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

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

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Home Phone Number Alternate Phone Number

\_\_\_\_\_  
Emergency Contact Emergency Contact Phone Number

**The participant listed on this form will be attending Destination Imagination of New York, Inc. events in New York State, including, but not limited to, Instant Challenge Fiestas, Tournaments, and other events.**

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., Destination Imagination of New York, Inc. 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 Destination Imagination of New York, Inc. 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 Printed Name Date

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

\_\_\_\_\_  
Challenge Level Team #