



NEW YORK

Parental Consent, Photo & Medical Release Form

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

Name Date of Birth Gender

Home Address

City State Zip

Parent Email Address Home Phone Number Alternate Phone Number

Emergency Contact Emergency Contact Phone Number

Insurance Company Policy Number

Allergies and Health Concerns

Is your child under the care of a physician? \_\_\_ yes \_\_\_ no Please explain (use back of form if needed)

Is your child taking prescription medication? \_\_\_ yes \_\_\_ no Please list and explain (use back of form if needed)

Please list any over-the-counter medications that you do not wish dispensed to your child

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.

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., 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.

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 Destination Imagination of New York 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.

Signature of Participant Printed Name Date

Signature(s) of Parent or Guardian Printed Name Date

Signature(s) of Parent or Guardian Printed Name Date

Team Name

Challenge Level Team #