

2019 HUDSON VALLEY REGIONAL ENVIROTHON

MEDICAL CONSENT FORM

This certifies that _____
Name(s) of Parent(s) or Guardian(s)

Residing at _____
Street/PO Box Town State Zip

County of _____, being the _____
Parent or Guardian

Of _____ a (male/female) child, born on _____,

Do hereby give permission for the above named child to attend the 2019 Hudson Valley Regional Envirothon, to be held on Wednesday, May 1st, 2019 at Taconic Retreat Center in Milan, NY (845-758-8764).

(I/We) further consent to the administration of emergency first aid treatment that may become necessary for (his/her) well-being.

Parent/Guardian Signature

Date

Day time phone number where you may be reached in the event of an emergency is:

We, the Committee of the Hudson Valley Regional Envirothon would like to thank you for allowing your child to participate in this environmental and educational program. This program, designed for high school student, encourages students to develop an increased awareness of their local environment and promotes teamwork as students prepare for adulthood.

****Please Fill Out Modeling Consent Form on Back****

****Please BRING Signed Forms to Event****

2019 HUDSON VALLEY REGIONAL ENVIROTHON

MODELING – PERFORMING – NARRATION RELEASE FORM

May 1st, 2019 Taconic Retreat Center, Milan, NY

For value received and without further consideration, I hereby consent that all photographs and/or videotapes taken of my child and/or recordings made of his/her voice at the Hudson Valley Regional Envirothon by the Envirothon Committee or its designees, may be used by the Hudson Valley Regional Envirothon, and/or others with its consent, for the purpose of illustration and publication in any manner.

Student: _____
Print clearly, please.

Parent/Guardian: _____

Address:
Street/POB: _____

City: _____ State _____ Zip _____

****Please Fill Out Medical Consent Form on Back****

****Please BRING Signed Forms to Event****