

2020 HUDSON VALLEY REGIONAL ENVIROTHON
MEDICAL CONSENT FORM

This certifies that _____
Name of Parent or Guardian

residing at _____
Street/PO Box Town State Zip

County of _____, being the parent or guardian
of _____, born on _____, does hereby
give permission for the above-named child to attend the 2020 Hudson Valley
Regional Envirothon, to be held on Thursday, April 30, 2020 at Taconic Retreat
Center in Milan, NY (845-758-8764).

I further consent to the administration of emergency first aid treatment that may
become necessary for my child's well-being.

Parent/Guardian Signature *Date*

Parent/Guardian's day time emergency phone number: _____

Please BRING Signed Forms to Event

MODELING / PERFORMING / NARRATION RELEASE FORM

2020 HUDSON VALLEY REGIONAL ENVIROTHON

Taconic Retreat Center, Milan, NY

April 30, 2020

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: _____

Parent/Guardian: _____

Address:

Street/POB: _____

City: _____ State _____ Zip _____

Please BRING Signed Forms to Event