

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

2026



Participant's Name (please print): \_\_\_\_\_

Parent/Guardian's Name (please print): \_\_\_\_\_

I hereby grant permission for my child to participate in the 2026 Envirothon Competition. I realize that this event may be strenuous, and that adverse weather conditions may occur. Nevertheless, I wish for my child to participate and hereby assume the risk involved.

I certify that my son/daughter is in good health and he/she is able to participate in this event. I authorize the Kentucky Envirothon program to provide emergency medical attention for my child during this event. I have been assured that all reasonable care will be taken to prevent incident, therefore I will not hold Kentucky Envirothon liable should an accident occur.

I fully understand the scope of this activity and voluntarily sign this form.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

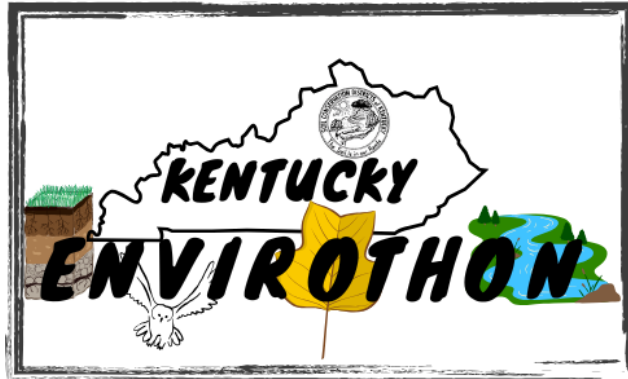
\_\_\_\_\_  
Parent/Guardian's Signature  
(if Participant is Under 18)

\_\_\_\_\_  
Date

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## MEDICAL INFORMATION



Please Print

Participant's Full Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(street & apartment) (City, State Zip)

Telephone: \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Contact Person's Phone Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies (medication, food, etc.) \_\_\_\_\_  
\_\_\_\_\_

Medications currently being taken: \_\_\_\_\_

Person completing form: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

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## PHOTO RELEASE



*Please Print*

Participant's Full Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

I hereby consent to the use of this photograph of my child/dependent/self, and/or any copies of this photograph in any editorial and/or promotional material produced and/or published by the Kentucky Envirothon.

Participant's Signature: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_