

PARENTAL CONSENT, PHOTO & MEDICAL RELEASE FORM

DUE AT
GLOBALS

This form must be completed for each person who will be under the age of 18 on May 20, 2014. please Photocopy or download additional copies at GlobalFinals.org.

Team Name: _____ Team Number: _____ Parent Email: _____

Name: _____ Age: _____ Gender: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Alternate Phone #: _____ Emergency Phone #: _____

Health Insurance Company: _____ Policy Number: _____

Allergies and Health Concerns: _____

Is your son or daughter under the care of a physician? yes no Please provide pertinent information:

Is your son or daughter taking prescription medication? yes no Please list and explain:

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

The person listed on this form will be attending Global Finals 2014, at the University of Tennessee and in venues in and around Knoxville, Tennessee.

We (I), the parent(s) or guardian(s), of 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., the University of Tennessee 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 our (my) child's participation in activities related to the Destination Imagination Global Finals, including travel to and from the event.

Furthermore, we (I) are the parent(s) or legal guardian(s) of this participant and hereby grant permission for him/her to participate fully in Global Finals 2014, 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 our (my) child to be sent home for medical reasons, disciplinary reasons or otherwise, we (I) hereby assume all costs.

We (I) grant permission for him/her to travel with his/her Destination Imagination team and understand that supervision of our (my) child is the responsibility of the designated Team Manager(s) and other adults traveling with the team serving as chaperones. I fully release, waive, forever discharge, hold harmless defend and indemnify Destination Imagination Inc, the University of Tennessee and their agents, offices, boards, volunteers and employees from any liability or claims resulting from adults and chaperones traveling with my child committing inappropriate actions or their failure to provide appropriate supervision during my child's participation at Global Finals. This includes travel to and from the event. I further attest that I am aware of all adults traveling with my child's group and I approve these adults to serve as chaperones for my child at this event. I understand that at no time during Global Finals does the University of Tennessee or Destination Imagination Inc. take custody nor control of my child. This supervision will involve (but is not limited to) assigning living accommodations, determining daily schedules, selecting optional activities and modes of transportation.

We (I) hereby grant permission for Destination Imagination Inc. and the University of Tennessee to publish images of activities and of this participant for the purpose of promoting Destination Imagination™ and the University of Tennessee. We (I) grant this permission freely without reservation.

We (I) understand that there are excursions and recreational opportunities at Global Finals 2014. We (I), the parent(s), fully understand and acknowledge that outdoor recreational activities have inherent risks.

We(I) also authorize our (my) child to meet people from across the United States and around the world, to trade pins, have fun, and hopefully make memories that will last a lifetime.

Signature of Parent (Guardian) Printed Name Parent Email Date

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