

**Media/Medical Release Form / Parental Consent, Photo & Medical Release Form**

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

**Mid-Cities DI Regional Tournament February 24, 2018****Texas Destination Imagination Affiliate Tournament April 6-7, 2018*****A copy of this form is to be kept with team manager at all times.***

Team Member Name:		Age:		Gender:	
Parent/Guardian:					
Home Address:					
City:		State:	<b>TX</b>	Zip Code:	
Home Phone Number:		Alt. Phone Number:			
Emergency Telephone Number:					
Insurance Company:		Policy Number:			
Allergies and Health Concerns:					
Is your child under the care of a physician?		Please provide pertinent information: (use separate sheet if needed)			
Is your son or daughter taking prescription medication?		Please list and explain			
Please list any over-the-counter medications you do not wish dispensed to your child.					
<p>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., TexasDI, Mid-Cities Creativity 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.</p> <p>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.</p> <p>We (I) hereby grant permission for Destination Imagination, Inc., TexasDI and Mid-Cities Creativity to publish images of activities and of this participant for the purpose of promoting Destination Imagination®. We (I) grant this permission freely without reservation.</p>					
Signature of Participant:					
Printed Name:		Date:			
Signature of Parent or Guardian:					
Printed Name:		Date:			
Team Manager:		School:			
Challenge:		Level:		Team No:	