



## Parental Consent, Liability Waiver and Photo Release Form

Louisiana Destination Imagination Super Saturday January 25, 2020, Elm Grove Middle School  
Louisiana Destination Imagination State Tournament March 21, 2020, Sun City Elementary School

\_\_\_\_\_  
School Team Challenge Age Level

Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender:  Male  Female

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Emergency Telephone Numbers: (\_\_\_\_\_) \_\_\_\_\_, (\_\_\_\_\_) \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies and/or Health Concerns \_\_\_\_\_

Is your son or daughter under the care of a physician?  Yes  No Please provide pertinent information regarding medication, medical condition, or other limitations that might affect the safety of your child:

\_\_\_\_\_  
\_\_\_\_\_

**The participant listed on this form has permission from the parents or guardians listed below to participate in Destination Imagination Super Saturday on January 25, 2020, and/or the Louisiana Destination Imagination Affiliate Tournament on March 21, 2020, or on alternate date(s) and/or at alternate location(s) if rescheduled.**

By signing below, We (I) the parent(s) or guardian(s), 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.; Louisiana Destination Imagination; Bossier Parish Schools, 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 participation in activities related to the Destination Imagination events listed above, including travel to and from the events.

Furthermore, we (I) are (am) the parent(s) or legal guardian(s) of this participant and hereby grant permission for him/her to participate fully in the Destination Imagination events and hereby give permission to event volunteers to take him/her to a doctor or hospital if deemed necessary. We (I) 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. We (I) understand that if medical treatment is required. We (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) will assume all costs.

We (I) hereby grant permission for Destination Imagination, Inc. and Louisiana Destination Imagination to publish images of activities that include this participant for the purpose of promoting Destination Imagination®. We (I) grant this permission freely and without reservation.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date