



Parental Consent, Liability Waiver and Photo Release Form
Louisiana Destination Imagination State Tournament March 22, 2025

School Team Challenge Age Level
Name: Age Gender: Male Female
Home Address: City:
State: Zip: Parent's Cell Phone Number:
Other Emergency Telephone Numbers:
Health Insurance Company Name 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:

Team Manager's Name: Team Manager's Phone Number:

The participant listed on this form has permission from the parents or guardians listed below to participate in Destination Imagination State Tournament on March 22, 2025, at Elm Grove Middle School. If the tournament is rescheduled for another date, held virtually, or moved to another location, the parent also gives permission for the student to participate in the rescheduled and/or relocated event.

By signing below, We (I) the parent(s) or guardian(s), the team member 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, Elm Grove Middle School, 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 event.

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 be notified and will assume all costs.

We (I) hereby grant permission for Destination Imagination, Inc., Louisiana Destination Imagination, and Bossier Parish School District 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