

PARTICIPANT RELEASE, WAIVER OF LIABILITY, AND AUTHORIZATION FOR MEDICAL TREATMENT AND TO USE IMAGES

***Parents/Guardians and Advisors – Please make copy of this completed form for your records.**

- The “Construction Program” is SKILLS CHALLENGE FOR NORTHEAST GEORGIA WORKFORCE DEVELOPMENT ALLIANCE.
- The “Program Site” is CHICOPEE WOODS AGRICULTURAL CENTER – GAINESVILLE, GA.
- The “Program Organizers” are AGC GEORGIA, BOWEN & WATSON, INC. AND CARROLL DANIEL CONSTRUCTION and each of their owners, members, officers, directors, employees, representatives, parents, subsidiaries, affiliates, successors, insurers, agents, volunteers, exhibitors and assigns.

- **DRESS CODE:** Long pants and closed-toed shoes. No exception.
 - **BEHAVIOR:** No horseplay. No climbing/hanging on equipment.
 - **EMERGENCY:** Any injury, even minor, must be reported to Program Organizers at Construction Program registration area.
- All children, students, and adults attending the Construction Program on October 27, 2021 are required to submit this form. No Construction Program attendee is allowed to participate unless Program Organizers receive this form.

****Person is a **COMPETITOR** **OBSERVER** ****

Participant Name: _____ Home Ph. #: _____

Home street address: _____ City/State/Zip: _____

Date of Birth: _____ If minor, school advisor: _____

School participant is affiliated with: _____

School street address: _____ City/State/Zip: _____

School Ph. #: _____

MEDICAL INFORMATION (minors and/or students only)

Allergies (drug or otherwise): _____

Current medication: _____

Describe any history of heart condition, diabetes, asthma, epilepsy, or rheumatic fever, etc.

Physician's name: _____ Physician's telephone: _____

Insurance Company: _____ Plan Number: _____

Group Number: _____ Date of last tetanus shot: _____

Emergency Contact: _____ Relationship: _____ Ph. #: _____

Participant Initials _____ Parent/Guardian Initials _____

