

Parental Consent, Photo & Medical Release Form

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

Name	Age	Gender
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Home Address

City	State	Zip
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The participant listed on this form will be attending the Florida DI Tournament at Park Maitland School, Maitland, FL.

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, Florida Destination Imagination, Inc. 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.

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.

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

Signature of Participant	Printed Name	Date
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Signature of Mother or Guardian	Printed Name	Date
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Signature of Father or Guardian	Printed Name	Date
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Team Name

Challenge	Level	Team Number
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