

PHOTO & GENERAL RELEASE FORM

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

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: (_____) _____ Alternate Phone Number: (_____) _____

Emergency Telephone Number: (_____) _____

Please check here if you are over the age of 18.

The participant listed on this form will be attending the Northwest Virginia Destination ImagiNation Regional Tournament on March 13/14, 2010 at Spotswood High School.

As the individual and on behalf of personal representatives and my heirs, I hereby voluntarily agree to release, waive, forever discharge, hold harmless, defend and indemnify Destination ImagiNation, Inc. (include your organization's name) 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.

I also hereby grant permission for Destination ImagiNation, Inc. and (your name) to publish images of activities and of me for the purpose of promoting Destination ImagiNation®. I grant this permission freely without reservation.

Signature of Participant

Date

Team Name

Challenge

Level

Team ID#