

Destination Imagination Release Form

Destination ImagiNation Participant's Name: _____

I, _____, parent or legal guardian, of the above participant, authorize him/her to participate in the Destinaton ImagiNation program (a.k.a. DI), for Season _____(school year+summer). I hereby release Destination ImagiNation, Denton ISD, their staff and volunteer Team Managers and Coordinators, from all claims, demands, and expenses related to all Destination ImagiNation activities, including, but not limited to weekly meetings, workshops, tournaments and field trips.

Please read and initial the following statements:

_____ I understand that the above Destination ImagiNation participant will be using materials and tools to construct devices and will be properly trained and supervised while building these projects.

_____ I give my permission to photograph and or video tape the participant listed above for the sole use of Destination ImagiNation or School related mediums such as yearbooks, websites, newsletters, or advertisements for the DI program.

_____ I have reviewed the behavior contract with the above participant. I understand that breaking this behavior contract may result in removal of above participant from the team and dismissed from further participation for the remainder of the season without refund of money.

_____ List any medical conditions or allergies the above participant may have and activities that are prohibited. Include any instructions for treating the child should medical assistance be required.

Printed Name of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

List all Phone Nos.

Email address:

Alternate Emergency Contact, Name and Phone number
