

**2017 Pymatuning/Shenango Watershed Challenge  
Release Form: Event Date, October 11, 2017**

This form is to be completed by each student's parent/guardian and returned to:

*Trumbull SWCD  
Attn: Amy Reeher  
520 W. Main Street, Ste. 3  
Cortland, Ohio 44410*

or by Fax: 330-637-0071 or by Email: reehera@embarqmail.com

This form must also be completed and signed by each advisor/coach and volunteer that attends the Pymatuning/Shenango Watershed Challenge and returned to the local Conservation District.

Attendee's Full Name (please print) \_\_\_\_\_

Home Address \_\_\_\_\_  
Street, city, state, and zip

Home Phone \_\_\_\_\_ Parent Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to the Attendee \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies (food, medications, insects, etc.) \_\_\_\_\_

Medical Conditions (asthma, diabetes, etc.) \_\_\_\_\_

Medications Currently Being Taken \_\_\_\_\_

I understand the Pymatuning/Shenango Watershed Challenge may be strenuous, and adverse weather conditions may occur. Nevertheless, I assume the risk involved. I have been assured that all reasonable care will be taken to prevent incident: therefore, I will not hold the Penn Ohio Watershed Association, its partners, or the host site liable should an accident occur.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

I (please Print) \_\_\_\_\_ give permission for my child,  
parent/guardian

\_\_\_\_\_ to participate in the Pymatuning/Shenango Watershed Challenge.  
student's name

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_