



**UWSP UNIFORM STATEMENT OF RESPONSIBILITY,
RELEASE, PHOTO RELEASE, AND AUTHORIZATION**

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

Send to: UWSP Continuing Education, Attn: Linda Rice, 2100 Main Street, 032
Main Building, Stevens Point WI 54481. Email: Linda.Rice@uwsp.edu

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 Wisconsin Destination ImagiNation State Competition at UW-Stevens Point.

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 The board of Regents of the University of Wisconsin System, and the University of Wisconsin-Stevens Point 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 Wisconsin Destination ImagiNation and The board of Regents of the University of Wisconsin System, and the University of Wisconsin-Stevens Point 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 _____

Membership Name _____ Membership Number _____

Challenge Name _____