

Debate Team Interstate Travel Waiver

Participant Information

Student Name:

Date of Birth:

School Name:

Parent/Guardian Name:

Emergency Contact:

Emergency Contact Phone:

Event Details

Event Name:

Event Date(s):

Destination (City/State):

Waiver & Release

I acknowledge and understand that participation in the above event may involve interstate travel and inherent risks, including but not limited to transportation accidents, injuries, and property loss. In consideration of my child's participation, I hereby waive, release, and hold harmless the school, its employees, representatives, and agents from any and all claims arising from or relating to participation in this event.

I affirm that my child is physically able to participate and authorize any necessary medical treatment in case of emergency.

Parent/Guardian
Signature:

Date:
