

TEXAS DESTINATION IMAGINATION PERMISSION

I, _____, parent or guardian of _____, a minor, do hereby appoint _____ and/or other adult sponsor to act in my place in the event said minor should require medical attention while involved in the Texas Destination Imagination Regional Tournament sponsored by Capital Region Creative Problem Solving Organization during February 18, 2012.

This appointment is for the purpose of securing benefits for the health and welfare of said minor and expressly includes the authority to sign releases to physicians who may render medical care and services. I, parent or guardian, promise to assume liability for payment of all such professional services, and to reimburse the Capital Region Creative Problem Solving Organization or said adult sponsor for any expense that may be incurred for treatment, care, drugs, and other services for said minor. In consideration of the above as well as the supervision and discipline provided on my behalf and on the behalf of said minor hereby agree to hold the Capital Region Creative Problem Solving Organization harmless for results of any decision which they in their descriptions shall make.

I agree that the Capital Region Creative Problem Solving Organization and the hosting sites of Killeen ISD shall not be held responsible for any accident or misfortune which might occur in connection with the trip.

_____ Date	_____ Parent's or Guardian's Signature
_____ (Day Phone Number)	_____ (Evening Phone Number)
_____ (Insurance Company Name)	_____ (Insurance Policy Number)
_____ (Emergency Contact)	_____ (Phone Number)
_____ (Student's Doctor)	_____ (Doctor's Phone Number)

Please make note of any special health needs your young person might have such as allergies, medicine needs, etc.

**PLEASE KEEP THIS FORM WITH TEAM MANAGER AT ALL
TIMES DURING THE TOURNAMENT.**