

National Parliamentary Debate League
Tournament of Champions 2018
PARENT RELEASE
Version 2018.1

(Note: Each student must fill out a separate copy of the form. We do NOT accept digitally signed copies. Submit scanned forms to julie.ann.herman+FORMS@gmail.com)

I, _____, parent/guardian of _____,

I. INITIAL ONE OF THE FOLLOWING

_____ I endorse (name) _____, who is a district-approved chaperon, to remain with my child at the event site for the duration of the tournament. This chaperon is responsible for the behavior, safety, or supervision of my student.

OR

_____ I will remain with my child at the event site for the duration of the tournament and will be responsible for the behavior, safety, or supervision of my student.

II. INITIAL TO ACKNOWLEDGE THE FOLLOWING:

_____ I condone my child's presence at the 2018 National Parliamentary Debate Tournament of Champions (NPDTOC).

_____ My child or their chaperon is carrying an emergency medical form for my student while at the tournament site. The chaperon is authorized to make emergency medical decisions for my child should they be unresponsive.

_____ I acknowledge that my child may be videotaped during the course of this tournament, and that these recordings may be publicly disseminated by the National Parliamentary Debate League and its affiliates for educational purposes.

_____ I release the National Parliamentary Debate League, its Board Members, Ashland High School, and all NPDTOC staff (henceforth collectively named "NPDTOC staff") from all legal and financial responsibility for any harm that my child or our property might suffer as a result of our failure to meet any listed obligations.

III. INITIAL ONE OF THE FOLLOWING

_____ My child's school has a Head Coach or Director of Forensics, (name) _____, and this individual has my consent to handle administrative aspects of the tournament for my child.

OR

_____ My child's school does not have a Head Coach or Director of Forensics, so I authorize (name) _____, to handle administrative aspects of this tournament for my child.

Print Name: _____ Signature: _____

Email: _____ Phone: _____