



MEDICAL RELEASE FORM

This medical release form must be completely filled out by every attendee participating in a Competitive Outcomes' Drill Camp.

School/Unit _____

Participant Name (First) _____ **(Last)** _____

Name of Parent or Guardian _____

Home Address _____

City _____ **State** _____ **Zip Code** _____

Home Phone _____

Parent or Guardian cell phone _____

Some instructional sessions may take place on large, concrete areas and other hard surfaces. This is the standard for competition facilities at local through national levels of JROTC DRILL Competitions. While we anticipate no problems with this, Competitive Outcomes, LLC. shall accept no liability for injuries due to practicing on hard surfaces.

**I, _____ (the parent/guardian of _____)
hereby grant permission for Competitive Outcomes to seek medical attention / treatment in case of illness or injury. I approve any attending physician to medically treat this child as deemed appropriate. I realize that any medical cost incurred due to illness/injury is our responsibility and not that of Competitive Outcomes, LLC.**

Photo/Video Release Form

I grant to Competitive Outcomes, LLC., its representatives and employees the right to take photographs /video footage of me and my property in connection with this event. I authorize Competitive Outcomes, LLC., its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Competitive Outcomes, LLC., may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I grant Competitive Outcomes, LLC. the right to photograph/video me and/or my child during this event and post on company website and other forms of media.

Your signature constitutes full acceptance of all conditions expressed in this release form.

I have read and understand the above:

Signature _____ **Date** _____

Printed name _____