



## MEDIA RELEASE

Each participating team must fill out a copy of this form and **turn it in at your problem's staging area**. Persons under 18 years of age must have their parent or guardian sign. Your signature on this form permits the organizers and sponsors of the Region 14/16 Odyssey of the Mind program to use videotapes and photographs of participants for program publicity purposes. Your name will not be publicized unless we ask for additional permission and it is granted by you.

TEAM MEMBERSHIP NAME: \_\_\_\_\_

TEAM MEMBERSHIP NUMBER: \_\_\_\_\_

SCHOOL (If not member name): \_\_\_\_\_

COACH'S NAME: \_\_\_\_\_

COACH'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COACH'S NAME: \_\_\_\_\_

COACH'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Persons under 18 years of age must have the consent of a parent or guardian. I, the undersigned, being the parent or guardian of the minor named below, do hereby consent to, and agree to be bound by, the above release.

STUDENT'S NAME: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_