

PHOTOGRAPHIC and/or VIDEO RELEASE FORM

I hereby grant permission to use any and all photographic imagery and video footage taken of me on the date entered below, without payment or any other consideration. I understand that such materials may be published electronically or in print, or used in presentations or exhibitions.

Date: _____

Name of participant (printed) _____

Signature of participant: _____

Signature of parent/guardian if participant is under the age of 18;

Mailing address: _____

Street Address

City State Zip code

Telephone number e-mail address