

DISABILITY SERVICES RESOURCE CENTER



-Serving People With Disabilities Since 1933-

MEDIA RELEASE FORM

Must be filled out by all athletes, helpers, youth, volunteers and parent helpers.

Printed Name of Participant: _____

_____ I hereby give permission to the Disability Services Resource Center to release photos, videos, names, statements, and parent information to all media sources, and for grant resources and general program publicity.

_____ I do not wish to have information/photos released to media or other sources.

Participant Signature: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Parent's Signature _____

(If athlete/helper/volunteer is under 18 years of age)

Date: _____

This Media Release Form is valid until both parties acknowledge a release of it in writing.