



MEDIA RELEASE FORM

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

Printed Name of Participant: _____

Select one of the following:

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.

OR

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.