

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: \_\_\_\_\_

***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.*