

## MEDIA CONSENT AND RELEASE FORM

(PLEASE COMPLETE THE APPLICABLE SECTIONS BELOW)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Participant Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

- ☐ Adult Participant (18 or older) — I am signing for myself.
- ☐ Minor Participant (under 18) — I am the parent or legal guardian signing on behalf of the participant named above.

### PARENT/GUARDIAN INFORMATION

(FOR PARTICIPANTS UNDER THE AGE OF 18)

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address (if different from participant): \_\_\_\_\_

I, the undersigned participant or the parent/legal guardian of the minor participant named above, hereby **GIVE** permission for Volleyball Reset Inc., including its trainers and staff, to photograph and record the participant for use in electronic, digital, and printed media for Volleyball Reset marketing purposes only.

**By signing below, I certify that I have read this Media Consent and Release Form, understand its terms and conditions, and voluntarily provide the consent described above.**

X \_\_\_\_\_

(Participant/Parent/Guardian Signature) Date Signed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_