

Media Release

Each participating team member, coach and official must fill out one section of this form. The completed form must be turned in to the **Odyssey of the Mind® Registration Table** when you arrive at the tournament.. Persons under 18 years of age must have their parent or guardian sign.

(Your signature on this form permits the organizers and sponsors of the Odyssey of the Mind program to use videotapes and photographs of participants in public showings.)

I hereby give my consent to Creative Competitions, Inc., its affiliates, assignees and its licensees to use my image for publicity purposes, for purposes of trade, or for any lawful purpose whatsoever.

MEMBERSHIP NAME _____ **MEMBERSHIP #** _____

SCHOOL (If not member name) _____

Persons under 18 years of age must have the consent of a parent or guardian.

TEAM MEMBER # 1 _____ **HOME PHONE** () _____

ADDRESS _____ **CITY** _____ **ZIP** _____

I, the undersigned, being the parent or guardian of the above minor, do hereby consent to, and agree to be bound by, the above release.

SIGNATURE _____ **DATE** _____

TEAM MEMBER # 2 _____ **HOME PHONE** () _____

ADDRESS _____ **CITY** _____ **ZIP** _____

I, the undersigned, being the parent or guardian of the above minor, do hereby consent to, and agree to be bound by, the above release.

SIGNATURE _____ **DATE** _____

TEAM MEMBER # 3 _____ **HOME PHONE** () _____

ADDRESS _____ **CITY** _____ **ZIP** _____

I, the undersigned, being the parent or guardian of the above minor, do hereby consent to, and agree to be bound by, the above release.

SIGNATURE _____ **DATE** _____

Additional Team Members and Coaches on the second page.

TEAM MEMBER # 4 _____ **HOME PHONE ()** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

I, the undersigned, being the parent or guardian of the above minor, do hereby consent to, and agree to be bound by, the above release.

SIGNATURE _____ **DATE** _____

TEAM MEMBER # 5 _____ **HOME PHONE ()** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

I, the undersigned, being the parent or guardian of the above minor, do hereby consent to, and agree to be bound by, the above release.

SIGNATURE _____ **DATE** _____

TEAM MEMBER # 6 _____ **HOME PHONE ()** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

I, the undersigned, being the parent or guardian of the above minor, do hereby consent to, and agree to be bound by, the above release.

SIGNATURE _____ **DATE** _____

TEAM MEMBER # 7 _____ **HOME PHONE ()** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

I, the undersigned, being the parent or guardian of the above minor, do hereby consent to, and agree to be bound by, the above release.

SIGNATURE _____ **DATE** _____

COACH #1 NAME _____ **HOME PHONE ()** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

SIGNATURE _____ **DATE** _____

COACH #2 NAME _____ **HOME PHONE ()** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

SIGNATURE _____ **DATE** _____