

TIDEWATER REGION 6 ODYSSEY OF THE MIND MEDIA RELEASE

Each participating team must fill out a copy of this form and turn it in to your coach to send to the Tidewater Odyssey of the Mind Regional Directors at rd@tidewaterootm.org . 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 Tidewater Region 6 Odyssey of the Mind program to use videotapes and photographs of participants for program publicity purposes. Your name will not be publicized unless we ask for additional permission and it is granted by you.

TEAM MEMBERSHIP NAME: _____

TEAM MEMBERSHIP NUMBER: _____

SCHOOL (If not member name): _____

SCHOOL DISTRICT: _____

COACH'S NAME: _____

COACH'S SIGNATURE: _____ DATE: _____

COACH'S NAME: _____

COACH'S SIGNATURE: _____ DATE: _____

COACH'S NAME: _____

COACH'S SIGNATURE: _____ DATE: _____

Persons under 18 years of age must have the consent of a parent or guardian. I, the undersigned, being the parent or guardian of the minor named below, do hereby consent to, and agree to be bound by, the above release.

STUDENT'S NAME: _____

PARENT'S SIGNATURE: _____ DATE: _____

STUDENT'S NAME: _____

PARENT'S SIGNATURE: _____ DATE: _____

STUDENT'S NAME: _____

PARENT'S SIGNATURE: _____ DATE: _____

STUDENT'S NAME: _____

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