

# Event Media Release Authorization

I hereby grant permission to the organizers of the event to use photographs, video, audio recordings, and/or interviews of myself for any lawful purpose associated with this event, including publicity, illustration, advertising, and web content.

## PARTICIPANT INFORMATION

Full Name:

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Address:

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Phone Number:

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Email Address:

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## AUTHORIZATION

I understand that the materials may be published electronically or in print and may be accessible to the public. I acknowledge that I will not receive any compensation for the use of these materials. I release all claims against the organizers with respect to copyright ownership, publication, and rights to privacy and publicity.

## SIGNATURE

Signature:

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Date:

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## IF PARTICIPANT IS A MINOR

If the participant is under age 18, this section must be completed by a parent or legal guardian.

Parent/Guardian Name:

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Parent/Guardian Signature:

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Date:

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