

# WOS MEDIA RELEASE FORM

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I have carefully read and understand this Agreement. I have the full right and authority to enter into this Agreement and no approvals are necessary from any other party. This Agreement shall be binding upon me and my heirs, legal representatives and assigns.

I hereby give permission to release the video, thumbnail photograph, and written text (subtitles or potential manuscript) taken on \_\_\_\_\_(date).

## Participant:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Parent or Guardian if needed:

I represent and warrant that I am a parent or legal guardian of the individual named above and I hereby agree that the grant and release contained herein binds the Participant and his/her parents and/or legal guardians to all of the terms hereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_