

MEDIA RELEASE

Each team member and coach must fill out this form. Coach bring completed form to the Tournament Check-in table. **If any high school senior team member(s) would like to participate as future Alumni (judges, volunteers, etc.) please ✓ box.**

Membership Name: _____ # _____

Problem Name: _____ Problem # _____ Division: _____

Membership Address _____

Membership Coordinator's Name: _____ Phone: _____

I hereby give my consent to Georgia Odyssey of the Mind Association, Inc. and its sponsors to use my photographs and video for publicity purposes, for purposes of trade, or for any lawful purpose whatsoever at regional, state, and World Finals in publicity purposes. If person is under 18, parent or guardian must give consent. I, the undersigned, being the parent or guardian of the named minor, do hereby consent to, and agree to be bound by, the above release.

	Date	Printed Name	Signature (Parent or guardian if person is under 18)	Address: (city, state, & zip)	Phone	✓
COACHES		1.				
		2.				
TEAM MEMBERS		1.				
		2.				
		3.				
		4.				
		5.				
		6.				
		7.				