



Media Release: New York State Odyssey of the Mind (NYSOMA) Events

To COMPETE this form must be signed by ALL Team Members' parents/guardians and coaches.

Membership #: _____ School/Team: _____

Coaches: _____ # Team Members: _____

Coach Media Release: I hereby grant NYSOMA the right to record my image and/or voice, on video, in photographs and other digital media and to edit such recording at their discretion; to grant NYSOMA the right to use, and with NYSOMA's permission allow others to use, my image and/or voice on the internet, in printed material, and in any other medium. NYSOMA is not responsible for photographs/recordings taken by others attending NYSOMA events.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Parent / Guardian Media Release for Team Members: I hereby grant NYSOMA the right to record my child's image and/or voice, on video, in photographs and other digital media and to edit such recording at their discretion; to grant NYSOMA the right to use, and with NYSOMA's permission allow others to use, my child's image and/or voice on the internet, in printed material, and in any other medium. NYSOMA is not responsible for photographs/recordings taken by others attending NYSOMA events.

1. Child's Name: _____ Date: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

2. Child's Name: _____ Date: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

3. Child's Name: _____ Date: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

4. Child's Name: _____ Date: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

5. Child's Name: _____ Date: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

6. Child's Name: _____ Date: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

7. Child's Name: _____ Date: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____