

TO BE COMPLETED AND SIGNED BY EACH TEAM MEMBER

State/US Territory: _____

RETURN **ORIGINALS** BY **APRIL 24, 2009** to:

Lisa W. Rawls/Academic Competitions/P.O. Box 391/Bartow FL 33831-0391 [FAX: 863-968-5169]

National Tournament of Academic Excellence
CONSENT AND RELEASE

June 13-16, 2009

In consideration of representing your school and state/US territory as a team member and in consideration of being selected as a member of ALL AMERICA ACADEMIC TEAM,

and with knowledge that you intend to act in reliance hereon, I irrevocably give you, your subsidiaries, successors, assigns and licensees the absolute right and permission to copyright, use, publish and distribute all photographs in which I may be included for editorial, advertising, art or promotion, or for any lawful purpose whatsoever, without restrictions.

SIGNED _____ PRINT NAME _____
Team Member Team Member

DOB _____ Date Signed _____

MAILING ADDRESS _____

CITY/STATE _____ ZIP _____

PERMANENT STATE OF RESIDENCE _____

I, as parent or guardian of the minor who signed the above release, consent to the signing of such release, and agree to defend and hold the beneficiaries of the release harmless against any claim that the minor may take (before or after reaching the age of majority) because of the use of the photographs in any manner permitted by such release. I fully understand that the beneficiaries of the release are and will be relying upon my agreement and signature which are intended to induce them to accept the release.

SIGNED _____
Parent or Guardian of Student under 18 years of age

PRINT NAME _____ Date Signed _____
Parent or Guardian

MAILING ADDRESS _____

CITY/STATE _____ ZIP _____