

TO BE COMPLETED AND SIGNED BY EACH TEAM MEMBER

District: _____

RETURN ORIGINALS BY **March 30, 2023** to:

Lisa W. Rawls
Tournament Director
611 Post Ave. SW
Winter Haven FL 33880

EMAIL: lisa.rawls@polk-fl.net

36th Commissioner's ACADEMIC CHALLENGE
CONSENT AND RELEASE

April 21 - 23, 2023

In consideration of representing your school district as a team member and in consideration of being selected as a member of TEAM FLORIDA,

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 _____