



## Media + Medical Release Form

Please provide all the information asked for below.

Event: \_\_\_\_\_ Organization Conducting Event: LSWAG

Participant's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Media Release for Minor Children

I, Parent/Legal Guardian of (child's name) \_\_\_\_\_ hereby grant permission to LSWAG, its agents and assigns, to use above named child's photo or video, and likeness for the purpose of promotion by LSWAG for all forms, media and manners for the following, but not limited to, new releases, photographs, video, audio, website, marketing, advertising, trade, promotion, exhibition for an indefinite period of time. I give unrestricted permission for images, videos, and recording of the child to be used in print, video, digital and internet media. I agree that these images and/or voice recordings may be used for a variety of purposes and that these images may be used without further notifying me. I further acknowledge that I will not be compensated for these uses and that LSWAG owns all rights to the images, videos, and recordings and to any derivative works created from them.

I waive any right to inspect the uses of any printed or electronic copy. I hereby release LSWAG and its agents and assigns from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright.

This release expresses the complete understanding of the parties.

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

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Medical Release

Contact person in case of emergency:

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

Medical conditions, impairments and allergies of which the staff of the Organization should be aware (insert "none" if none):  
\_\_\_\_\_

I understand and agree that some activities occurring as a part of or incidental to the Event may be of a hazardous nature and/or include physical and or strenuous activity. Understanding this, I state that I have no medical condition or impairment, including the use of medication that might inhibit my active participation in the Event named above.

In the case of an injury or medical emergency, I authorize the staff or employees of the Organization to render first aid and/or obtain whatever medical treatment he/she deems necessary for my welfare. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said treatment regardless of whether my medial insurance would cover such charges and fees.

I have read and understand and agree to the terms and conditions of this release.

Signature: \_\_\_\_\_  
(if participant is under the age of 18, Parent/Legal Guardian's signature)

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

I am the parent or legal guardian of the minor \_\_\_\_\_ and am signing this release on behalf of the minor. (Print child's name)