



*A Tradition of Excellence*

## **Media Release and Waiver Form**

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\_\_\_\_\_ YES permission is granted

\_\_\_\_\_ NO permission is not granted

(Please print)

Name of athlete: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of athlete if over 18: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

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