



Media Release Form – State Competition

Participant First and Last Name (please print)

Participant Type (please circle one): **Student** **Coach** **Parent or other guest**

Participant Address

Participant City, State and ZIP

Participant Email Address

School Name

By signing this form, I hereby grant full permission to any MATHCOUNTS organizers, competition staff/presenters, promoters, volunteers, sponsors or agents authorized by said persons and entities, to use photographs, video footage or any other records of MATHCOUNTS competitions, including the name, likeness, or voice of the above mentioned Participant for any legitimate purpose to promote the MATHCOUNTS program without compensation or remuneration to myself, my heirs, executors, administrators or assigns.

Participant Signature

_____ **Date** _____

Parent/Guardian Signature

_____ **Date** _____

The parent/guardian signature is required if the Participant is a student.