



## Media Release Form – California State Competition

**Participant First and Last Name**

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

**Participant Street Address**

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**Participant City, State and ZIP**

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**Participant Email Address**

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**School Name**

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*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 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.*