MATHCOUNTS®
COMPETITION SERIES
EST. 1983

Media Release Form – _____
(Chapter or State Competition Name)

Participant First and Last Name

_____

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

Participant Street 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 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.