



Photo/Video Release Form – Delaware

Participant First and Last Name _____

Participant Type (please select 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 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.

Please submit your completed form as soon as possible to your school's coach.