***Logo

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***Bucket List Health & Fitness***

***PHOTO/VIDEO RELEASE FORM***

*I do hereby authorize Team Elite X-Training, Bucket List Health & Fitness and those acting pursuant to its authority to (i) record my likeness and/or voice on a video, audio, photographic, digital, electronic or any other medium; (ii) use my name and biographical material in connection with such recordings; and (iii) use, reproduce, exhibit, and/or distribute my name, biographical material, and such recordings in any medium (e.g., print publications, video, internet, etc.) for promotional, advertising, educational, and/or other lawful purposes. I do release and waive any claims or rights of compensation or ownership regarding such uses and understand that all such recordings shall remain the sole property of Team Elite X-Training and Bucket List Health & Fitness. I do also certify that I am 18 years of age or older and that I am of sound mind.*

*Printed Name of Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*