

GOD'S HOUSE 3ON3JAX BASKETBALL TOURNAMENT

Media Release Form

We, _____, grant permission to GOD'S HOUSE: Rehabilitation Center for the Homeless, Inc., hereinafter known as the "Media Group" to use my name, image (photographs and/or videos) for use in media publications for the 3on3Jax Tournament. Such media sources include:

- Tournament Videos
- General Publications
- Newsletters
- Website Event Pages

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with the 3on3Jax Tournament now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of said media.

Please **initial** the paragraph below which is applicable to your present situation:

_____ - I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that in signing this document the Media Group will interpret it as acceptance without coercion.

_____ - I am the parent or legal guardian of the named individual. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that in signing this document the Media Group will interpret it as acceptance without coercion.

Signature: _____ Date: _____

Name (please print): _____

Signature of parent or legal guardian: _____
(if under 18 years of age)

Signature: _____ Date: _____

Name (please print): _____

Signature of parent or legal guardian: _____
(if under 18 years of age)

Signature: _____ Date: _____

Name (please print): _____

Signature of parent or legal guardian: _____
(if under 18 years of age)

Signature: _____ Date: _____

Name (please print): _____

Signature of parent or legal guardian: _____
(if under 18 years of age)