



**RELEASE FORM FOR MEDIA RECORDING:**

I, the undersigned, do hereby consent and agree that **ACCOUNTABILITY ONE PLAYER SHARPENS ANOTHER CAMPS**, its employees, or agents have the right to take photographs, videotape, or digital recordings of me while training with Running for Your Life and to use these in any and all media, now or hereafter known, and exclusively for the purpose of a video and/or picture displaying activities, training, coaching, mentoring and testimonials. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to **ACCOUNTABILITY ONE PLAYER SHARPENS ANOTHER CAMPS**, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that **ACCOUNTABILITY ONE PLAYER SHARPENS ANOTHER CAMPS** is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

- ☐ I represent that I am at least 18 years of age, have read and understand the foregoing statement of Media Release, and am competent to execute this agreement.
- ☐ I am the parent and/or legal guardian of the child being filmed and understand the foregoing statement Media Release, and am competent to execute this agreement.

Athlete Name \_\_\_\_\_ Birth Date (dd/mm/yyyy) \_\_\_\_\_

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

(If Athlete is 18 years of age or over)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(If Athlete is 18 years of age or over)