

Warrior Storm Self Defense & Leadership Academy Media Release Form

I, _____, do hereby consent and agree that the staff, members and contracted agents of Warrior Storm Self Defense & Leadership Academy have permission to take photographs and/or record video and/or audio of me/my child(ren) and to use these photographs, audio, and/or video recordings for educational, promotional, and/or marketing materials.

I do hereby give Warrior Storm Self Defense & Leadership Academy the right to exhibit any such works publicly or privately, including television broadcasts or posting on a website. I waive any rights, claims or interest I may have to control the use of my/my child(ren)'s photograph, image, or likeness in the photographs, video, or audio and agree that any uses described herein may be made without compensation or additional interest to me.

I confirm that I have read and understand the foregoing statements, and I am competent to execute this agreement.

Printed Name: _____ Signature: _____
(Or Signature of Parent if Minor Child)

Date: _____

FOR OFFICE USE ONLY

Received by: _____ Date: _____
Signature