



New Jersey Pool Manager's Association

MEDIA RELEASE FORM

For the privilege of participation in the New Jersey Pool Manager's Association Championships, I hereby give my consent for my image and likeness to be videotaped, audiotaped and photographed for the following uses:

- Educational/Instructional media
- Outreach media
- Development media
- Newsworthy media documentation

I further authorize the New Jersey Pool Manager's Association and their component parts, to use this electronic media and/or photographs in any manner-whole, or in part.

This waiver includes usage of this media in any way deemed appropriate, which may include electronic and photographic reproductions thereof for the production of educational, instructional, promotional or institutional advancement materials which support the educational and outreach activities of the New Jersey Pool Manager's Association.

I hereby waive any right I may have to inspect or approve any use of this electronic media or photographs and I release the New Jersey Pool Manager's Association and its components from all liability which could result from its use.

Name of Participant: _____

Address: _____

Home Telephone Number: _____

Email Address: _____

*A parent or guardian must sign this form if the model is a minor or the model is hindered by mental or physical challenges.

(Signature of participant or Parent/Guardian if participant is under 18 yrs of age)

(Date)

(Printed Name of participant or Parent/Guardian if participant is under 18 yrs of age)