



MEDIA RELEASE

I hereby grant my permission and consent to Special Olympics Wisconsin, and any agency affiliated with Special Olympics, to use, print, copy, publish and reproduce any and all videotapes, audioapes, photographs, films, negatives, print reproductions and likenesses of any kind now or at any time hereafter made of me by Special Olympics Wisconsin for advertising, publicity, display or any purpose whatsoever without fees to be paid to me.

I hereby waive any right to inspect and/or approve the finished product of the advertising copy that may be used in connection therewith or the use to which it may be applied.

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Signature _____ Date _____

Parent or Guardian Name (required only if individual is a minor)
