

VOLUNTARY PRIVACY WAIVER AND MEDIA RELEASE FORM  
THIS IS NOT PART OF THE PARTICIPATION AGREEMENT; YOU MAY PARTICIPATE  
WITHOUT CONSENTING.

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I have read the preceding voluntary privacy waiver and media release, before signing below, and warrant that I fully understand the terms and contents therefore.

Participant : \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Participant's Guardians if Minor \_\_\_\_\_ Date: \_\_\_\_\_  
or Otherwise Incapacitated: Signature

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

