

## Athletes for the Cross Participant Media Release

Child's Name:	D.O.B.:	
Parent's Name:	Parent's Phone:	( )
Address:	City/State/ZIP:	
I, the undersigned, do hereby consent and agree their employees and associated personnel, have recordings of my child or me. I further consent the by descriptive text or commentary.  I do hereby release to AFC, Bethany Church, the	the right to take photog hat my name and identit	raphs, videotape, or digital y may be revealed therein or
exhibit this work in print and electronic form pu I may have to control the use of my identity or li	blicly or privately. I waive	e any rights, claims, or interest
I understand that there will be no financial or ot subsequent transmission or playback.	her remuneration for red	cording me, either for initial or
I represent that I am at least 18 years of age, had am competent to execute this agreement.	ve read and understand t	the foregoing statement, and
Parent/Guardian Signature:		Date: