

# Minnesota Orienteering Club

8<sup>th</sup> Annual Team Adventure-O July 11, 2009



## Media Release Form and Equipment Transport Waiver

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Team Name \_\_\_\_\_

### Media Release

*I hereby give my consent for my name, image, and likeness to be photographed, videotaped, or audiotaped by Minnesota Orienteering Club (hereafter MNOOC) and its delegates, for use in MNOOC publications such as brochures and newsletters, or in electronic versions of the same publications, or on the MNOOC web site, or in other electronic forms or media.*

*I hereby waive any right to inspect or approve the finished photographs, video, audio, or printed or electronic matter that may be used in conjunction with MNOOC now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph, video, or audio.*

*I hereby agree to release, defend, and hold harmless MNOOC, and its delegates, and any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, video, or audio gathered at this event.*

### Equipment Transport Waiver

*I hereby authorize MNOOC, and its delegates, to transport personal race equipment from one course location to another, as required by the rules of the event. I understand that MNOOC, and its delegates, will have sole discretion to determine when, where, and how the equipment shall be transported.*

*I hereby agree to release, defend, and hold harmless MNOOC, and its delegates, from and against any claims, damages or liability arising from the equipment transportation or storage during the course of this event.*

**This form must be signed and dated by all team members.**

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_