

PHOTO & GENERAL RELEASE FORM

(must be completed for each person over the age of 18)

Mid-Cities DI Regional Tournament February 15, 2020

Name:						
Home Address:						
City:		State:	TX	Zip Code:		
Home Phone Number:		Alt. Phone Number:				
Emergency Telephone Number:						
<input type="checkbox"/>	Please check here if you are over 18					
<p>As the individual and on behalf of personal representatives and my heirs, I hereby voluntarily agree to release, waive, forever discharge, hold harmless, defend and indemnify Destination Imagination, Inc., Mid-Cities CPSO aka Mid-Cities Creativity and their agents, officers, boards, volunteers and employees from any and all liability and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in activities related to the tournament including travel to and from the event.</p> <p>A signature on this form permits the organizers and sponsors of Texas Destination Imagination and Mid-Cities Destination Imagination to use videotapes and photographs of participants in public showings.</p> <p>I also hereby grant permission for Destination Imagination, Inc., Texas Destination Imagination (TXCPSO, Inc), its regions and licenses to publish images of activities and of me for the purpose of promoting Destination Imagination®. I grant this permission freely without reservation.</p>						
Signature :						
Printed Name:		Date:				
Team Name / School						
Challenge:		Level:		Team Number:		