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## MEDIA, PHOTO, AND DATA RELEASE

I am registering \_\_\_\_\_ to participate in MiSCA's activities, including a mountain bike race series.  
(Participant)

### Permission to use Media and Photos

- YES**, I give my permission for MiSCA, and outside media agents (newspapers, television, etc.) to take photographs, video, and otherwise document the Participant involved in the activities of this program. I give permission for any photographs or video material of the Participant to be used in publicity about the program and organization (website, promotional materials, newspaper/magazine articles, etc.).
- NO**, I do not give my permission for MiSCA, and outside media agents (newspapers, television, etc.) to take photographs, video, and otherwise document the Participant involved in the activities of this program. I do not give permission for any photographs or video material of the Participant to be used in publicity about the program and organization (website, promotional materials, newspaper/magazine articles, etc.).

### Permission to Participate in the Collection of Data

- YES**, I give my permission for the Participant to contribute to MiSCA surveys, both online and in print, for the purpose of collecting information about the program, participants, and the impact mountain biking and MiSCA is having on youth riders and the MiSCA community.
- NO**, I do not give my permission for the Participant to contribute to MiSCA surveys, both online and in print, for the purpose of collecting information about the program, participants, and the impact mountain biking and MiSCA is having on youth riders and the MiSCA community.

**Participant Name** \_\_\_\_\_ **Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(If the athlete or volunteer is less than 18 years of age as of the date of this Agreement, then a parent or legal guardian must enter into this agreement on behalf of the athlete or volunteer by signing below.)

## CONSENT AND RELEASE OF PARENT OR LEGAL GUARDIAN

I am the parent or legal guardian of the above minor (Participant). I have read and understand the above Release, and agree to Medical Release. I have read the above carefully before signing and understand this release.

**Parent/Guardian Name** \_\_\_\_\_ **Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_