

TEXAS DESTINATION IMAGINATION REGIONAL AND LONE STAR  
FINALS TOURNAMENT  
MEDIA RELEASE FORM

REGIONAL TOURNAMENT DATE:

Regional Tournament Location:

Lone Star Finals: University of Texas at Arlington April 3-4, 2020

Each Team Member and Team Manager must fill out a copy of this form. Persons under 18 years of age must have their parent's or guardian's signature on the form. Completed forms must be presented at the Regional Tournament Check In and State Tournament Check In Desk.

A signature on this form permits the organizers and sponsors of Texas Destination Imagination program to use videotapes and photographs of participants in public showings.

**I hereby consent to Texas Destination Imagination (TXCPSO, Inc.), its regions and its licensees to use my picture for purposes of trade or for any lawful purpose whatsoever.**

NAME: \_\_\_\_\_

HOME  
ADDRESS: \_\_\_\_\_

HOME PHONE:( \_\_\_\_\_ ) \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Membership Name: \_\_\_\_\_

Team Membership Number: 750- \_\_\_\_\_

Grade \_\_\_\_\_

Membership Name \_\_\_\_\_

Team Manager's Name: \_\_\_\_\_

Persons under 18 years of age must have consent of parent or guardian

**I, the undersigned, being the parent or guardian of the above minor, do hereby consent to, and agree to be bound by the above release.**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_