



# STREAMWORKS

\_\_\_\_\_, give permission to participate in all STREAMWORKS events and activities. It is understood that every necessary precaution will be taken to ensure students' safety. Beyond this, I agree to hold STREAMWORKS and the STREAMWORKS Board of Directors harmless in the event of any injury while participating in any related activities.

Participant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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The media will be following our events and it is likely that your image will be distributed in the media and on social media outlets for the promotion of STREAMWORKS programs.

I, \_\_\_\_\_, (participant) give my permission for my name and/or photo to be used in any publications related to the STREAMWORKS program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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