

A-Team Player # _____

Turn in as soon as possible to Mr. Rosario or
Ms. Frisbie. You cannot play in a meet without
a Consent and Release form on file.

Bartow High School
School

CONSENT AND RELEASE

The Polk County High School Academic Tournament and its Sponsors

**In consideration of representing my school during the current school year and
in consideration of being a recipient of an *Academic Excellence Scholarship* or
as a member of the Polk County All-Star Academic Team,**
and with knowledge that you intend to act in reliance hereon, I irrevocably give you, your subsidiaries,
successors, assigns and licensees the absolute right and permission to copyright, use, publish and
distribute all photographs in which I may be included for editorial, advertising, art or promotion, or for any
lawful purpose whatsoever, without restrictions.

SIGNED _____ DATE SIGNED _____
PCHSAT Participant

NAME _____ Circle current GRADE: 9th 10th 11th 12th
PLEASE PRINT LEGIBLY

MAILING ADDRESS _____

CITY/STATE/ZIP _____

STUDENT ID # _____

Previous A-Team Experience:	5 th	6 th	7 th	8 th	9 th	10 th	11 th
<i>Please circle each grade level as appropriate.</i>							
DO NOT INCLUDE CURRENT GRADE LEVEL.							

I, as parent or guardian of the **minor** who signed the above release, consent to the signing of
such release, and agree to defend and hold the beneficiaries of the release harmless against any claim
that the minor may take (before or after reaching the age of majority) because of the use of the
photographs in any manner permitted by such release. I fully understand that the beneficiaries of the
release are and will be relying upon my agreement and signature which are intended to induce them to
accept the release.

SIGNED _____
Parent or Guardian

NAME _____ DATE _____
PLEASE PRINT LEGIBLY

MAILING ADDRESS _____

CITY/STATE/ZIP _____