

Image release form

I consent and give permission to Valley Fight and individuals or entities acting under its authority to create, exhibit, transmit, reproduce, distribute, edit and otherwise use my name and images of me in all forms of media including World Wide Web.

I release the Valley Fight, its officers, members, trustees, directors, agents, and employees, and those acting under its authority, from all debts, claims and liabilities of any kind arising out of or in connection with the use of the media. I understand that this consent cannot be revoked for any reason, and agree that it shall be binding upon my heirs, successors, assigns and future legal representatives.

If I am less than 18 years of age, my parent or legal guardian must sign this Release.

NAME: _____ TITLE/ORGANIZATION:

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