

**MCVG/MCYV Media Release Form 2015-16**



AND



Name of volleyball participant: \_\_\_\_\_

I hereby consent to the participation in interviews, the use of quotes and the taking of photographs, movies or videos of the named volleyball participant above. I also grant The Mid-City Volleyball Group (MCVG) and/or Mid-City Youth Volleyball (MCYV) the right to edit, use and reuse said products for non-profit purposes including use in print, on the internet and all other forms of media. I hereby release MCVG/MCYV and its agents and employees from all claims, demands and liabilities whatsoever in connection with the above. This agreement pertains to the USAV 2015-16 season lasting from November 1 2015 through October 31 2016.

Signature of Parent/Guardian (if volleyball participant is under 18):

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

Address of Parent/Guardian:

\_\_\_\_\_

**OR**

Signature of volleyball participant (if 18 or over):

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

Address of volleyball participant:

\_\_\_\_\_