

AUTHORIZATION FOR USE OF IMAGE, VOICE, PERFORMANCE, ARTWORK, OR LIKENESS

Participant Name: _____ Institution: DR Sportz, LLC
Affiliates: _____

Activity: _____ Dates: _____

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Certification: I have read and understand the conditions of this Authorization for Use of Image, Voice, Performance, Artwork, or Likeness. I hereby consent and agree to the foregoing terms and provisions.

Signature of Participant

Date Signed

Signature of Participant's Parent/Guardian

Date Signed

Parent/Guardian's Phone Number