# Release Form

**Texas Junior Classical League**

**Return this form to:**

## Texas Junior Classical League Emma Buechler c/o Lauren Dill 5901 Southwest Parkway

Austin, TX 78735

Event/Activity:

Location: Date of Event/Activity:

Notes:

I hereby give permission to the Texas State Junior Classical League to use my name and photographic likeness in all forms and media for advertising, trade, and any other lawful purposes. I understand that I will not receive any compensation, financial or otherwise.

Print Name: Signature: Date:

Address: City, State, Zip: Phone:

E-mail:

If individual is under 18:

I, , am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Print Name: Signature: Date:

Address: City, State, Zip: Phone:

E-mail: