

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: _____