

TEXAS A&M UNIVERSITY -COMMERCE and BOB 2021
MEDIA RELEASE AND WAIVER

I, (printed name of participant) _____, do hereby give BLAST OF BRASS (BOB) and Texas A&M University-Commerce, its assigns, licensees, and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait, photograph, or video in all forms and media and in all manner, for advertising, trade or in any other lawful purpose for the benefit of BOB and Texas A&M University-Commerce. I hereby forever waive any right to inspect or approve the finished product, including but not limited to, written copy and/or an image in print or on a website that may be created in connection therewith. I am eighteen (18) years of age or older. I understand that BOB and Texas A&M University-Commerce cannot control the unauthorized use by persons other than BOB and Texas A&M University-Commerce, of my name or image once such name or image is published. Any claim I may have concerning unauthorized publication of my name and image must be pursued by me against the unauthorized user. BOB and Texas A&M University-Commerce disclaims any responsibility for such unauthorized use of my published name or image. I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read and understand them, and agree to be bound by them. I voluntary and irrevocably give my consent and agree to this Release and Waiver.

Executed this _____ day of _____, _____
Signature _____ Witness _____

Signature of person whose printed name appears above.
Address _____
City, State, Zip _____
Primary Phone _____ Secondary Phone _____

IF PARTICIPANT IS UNDER THE AGE OF 18, his or her parent/legal guardian must sign below:
I, (printed name) _____, am the parent or legal guardian of the student who has signed above. I have read and understand the provisions of this document, I consent to the student participating as described above, and I fully enter into and agree to the above Release and Waiver and forever waive any rights there from.

Signature of Parent/Legal Guardian: _____
Date: _____ Phone Number: _____
Address: _____
City, State, Zip: _____

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