_____

Please Print Participant's Name

National Society of the Sons of the American Revolution is a non-profit, non-partisan organization dedicated to promoting patriotism, preserving American history and teaching American history to future generations.

Agreement

In consideration of being permitted to participate in an Indiana SAR youth-related competition, I agree as follows:

1. **Permission to Use Image and Voice**. I hereby grant to the SAR the unqualified and irrevocable permission to photograph, videotape or record my image, voice and property in any form or manner during my involvement or participation in any Activity, regardless of location. I understand and agree that the SAR, in its sole discretion, may at any time use such photographs, tapes or recordings of my image, voice or property, as applicable, without restriction of any kind including, without limitation, use in promotional materials, audiovisual works and displays by any means whatsoever, including the internet; and I shall not be entitled to any compensation or other remuneration whatsoever as a result of such use.

By signing below, I acknowledge that I have carefully read this Agreement and agree that its terms are binding on me and my heirs, legal representatives, successors and assigns. If I am under 18 years of age, my parent or legal guardian has agreed to this Agreement on my behalf as indicated below.

PLEASE PRINT CLEARLY

First Name **MI** **Last Name**

Address Line 1

Address Line 2

City **State** **Zip Code**

Phone **Date of Birth (mm/dd/year)**

Email

Emergency Contact First Name **Last Name**

Emergency Contact Phone **Relationship**

Participants Signature **Date**

PLEASE COMPLETE IF PARTICIPANT IS A MINOR

I, the undersigned parent or legal guardian of the minor whose name appears above, hereby consent to the minor's involvement or participation in any of the Activities. My signature indicates that I have fully read this document, am legally responsible for the minor identified above and am qualified to sign this Agreement on the minor's behalf. I hereby consent and agree to the terms of this Agreement on behalf of the minor identified above and agree that it shall be binding upon the minor and the minor's heirs, legal representatives, and assigns.

Parent/Guardian Name **MI** **Last Name**

Parent/Guardian Signature **Date**