



Jeanne B. Fessenden, Co-State Director  
 3037 Bellanca Street, Columbus, GA 31909  
 Home: (706) 324-3142  
 Office & Fax: (706) 324-2589  
 E-mail [GeorgiaOdysseyAD@gmail.com](mailto:GeorgiaOdysseyAD@gmail.com)

### MEDIA RELEASE

Each team member and coach must fill out this form. The coach will bring it to the Georgia Odyssey of the Mind Tournament check-in desk. Persons under 18 years of age must have their parent or guardian sign. Your signature on this form permits the Georgia Odyssey of the Mind program to use videotapes and photographs of participants at regional, state, and World Finals in public showings.

Membership Name: \_\_\_\_\_ # \_\_\_\_\_

Problem Name: \_\_\_\_\_ Problem # \_\_\_\_\_ Division: \_\_\_\_\_

Membership Address: \_\_\_\_\_

Membership Coordinator's Name: \_\_\_\_\_ Phone: \_(\_\_\_\_)\_\_\_\_\_

I hereby give my consent to Georgia Odyssey of the Mind Association, Inc. and its sponsors to use my picture for publicity purposes, for purposes of trade, or for any lawful purpose whatsoever. If person is under 18, parent or guardian must give consent. I, the undersigned, being the parent or guardian of the named minor, do hereby consent to, and agree to be bound by, the above release.

COACHES

TEAM MEMBERS

Date	Printed Name	Signature (Parent or guardian if person is under 18)	Address(include city, state, & zip)	Phone
	1.			( )
	2.			( )
	1.			( )
	2.			( )
	3.			( )
	4.			( )
	5.			( )
	6.			( )
	7.			( )

This completed form **must** be turned in at the check-in desk at your tournament on the day of competition. If any high school team members would like to participate in the future as alumni (judges, volunteers, etc.), please include name and email address on back.