



Zia Martial Arts, LLC  
102 West Conway Avenue  
Las Cruces, NM 88005

## ***MEDIA RELEASE FORM***

It is further agreed that the enrollee's name, photograph or other representation, for the purposes of promotion or publicity for this martial arts program or the instructor, may be used. I, \_\_\_\_\_, grant permission to Zia Martial Arts, LLC, hereinafter known as the "Media" to use my image (photo and/or video) for use in Media publications including videos, email blasts, recruiting brochures, newsletters, magazines, general publications, website and/or affiliates, and social media platforms, including but not limited to Facebook, Instagram, and Snapchat. **(check box)**

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **initial** the paragraph below which is applicable to your present situation:

\_\_\_\_\_ - I am *18 years of age or older* and I am competent to contract in my own name. I have read this release before signing below, and fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

\_\_\_\_\_ - I am the *parent or legal guardian* of the below named child. I have read this release before signing below, and fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

**Signature of parent or legal guardian:**

\_\_\_\_\_  
*(if participant under 18 years of age)*