Future City® Competition

Media Waiver Form

North Texas Regional

Please make a copy of this form for all members of the team (3 students, 1 educator, 1 mentor) and any other members of the team who may attend either the Regional or National Finals. All team members should submit a copy of the Media Waiver Form to their Regional Coordinator.

Future City Name: __________________________________________________________

Organization Name: ________________ Educator Name: ________________________

Student Media Waiver Form:

By signing below, we give our consent to the NTX Future City® Competition and any of its official sponsors or affiliates to use the student’s name, comments, photograph, likeness and any work products in order to promote the Future City® Competition. We understand that the student may be called upon by journalists to answer questions about his/her involvement in the Future City® Competition, and we will also allow the student to speak to any media via phone or television.

Student Name (please print)

Guardian Name (one only)

Guardian Signature ____________________________ Date ____________

*Guardian Email ______________________________

City ____________________________ State _______ Zip __________

* Your email will be added to our database for future evaluation studies. If you’d like to opt-out, please send us an email at regional@dfwfuturecity.org
Future City® Competition

Media Waiver Form
North Texas Regional

Future City Name: ____________________________________________________________

Organization Name: ________________  Educator Name: ________________________

Educator/Mentor Media Waiver Form:

By signing below, I give my consent to the NTX Future City® Competition and any of its official sponsors or affiliates to use my name, comments, photograph and likeness in order to promote the Future City® Competition. I understand that I may be called upon by journalists to answer questions about my involvement in the National Engineers Week Future City® Competition, and I will also speak to any media via phone or television.

Name (please print)

City ___________________________ State _______ Zip
date

Signature ___________________________ Date _______