

# ZYNDROME SURF COMPANY

## LEGAL GUARDING CONSENT AND PHOTO RELEASE FORM

I, \_\_\_\_\_, parent or legal guarding of \_\_\_\_\_, do hereby consent and agree for him or her to participate in the 2009 ZYNDROME'S BABE COMPETITION. I hereby also consent and agree that ZYNDROME SURF COMPANY, its employees, or agents have the rights and privileges to exhibit him or her work in print and electronic and to use it in any and all media, now or hereafter known, and exclusively for the purpose of the 2009 ZYNDROME'S BABE COMPETITION. I further consent that my name and identity as well as his or her may be revealed therein or by descriptive text or commentary.

I do hereby release to ZYNDROME SURF COMPANY, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market copies. I waive any rights, claims, or interest I may have to control the use of my identity or his or her or likeness in whatever media used.

I understand that there will be no financial or other remuneration for the used of his or her work, either for initial or subsequent use. I also understand that ZYNDROME SURF COMPANY, its agents, and employees are not responsible for any expense or liability incurred as a result of my participation in the 2009 ZYNDROME'S BABE COMPETITION including but not limited to medical expenses due to any sickness or injury incurred as a result.

I represent that I am the parent or legal guarding of \_\_\_\_\_, have read and understand the foregoing statement, and am competent to execute this agreement.

Name parent or legal guarding: \_\_\_\_\_ Date: \_\_\_\_\_

Name of participant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Age of minor: \_\_\_\_\_

Electronic Mail (E-mail): \_\_\_\_\_

Signature of parent or legal guarding: \_\_\_\_\_

Signature of participant: \_\_\_\_\_