





**2017 MATE Puerto Rico Regional ROV Competition**

April 2, 2017

Victor Vassallo Aquatic Complex  
Ponce, Puerto Rico

***MEDIA RELEASE***

I hereby grant to Monterey Peninsula College doing business as the "MATE Center" (the "MATE Center"), MATE Inspiration and Innovation ("MATE II"), Learning by Doing, Municipality of Ponce, CIAPR Ponce and Learning by Doing Collaborators, and others acting on their behalf, the right to record my person and voice using audio, photographic, video, or other such techniques; to include my name, likeness, voice and biographical material in connection with these recordings; to use, reproduce, distribute, and exhibit such recordings in any and all media throughout the world without limitation; and to authorize others to do so, for any purpose which the MATE Center, MATE II and Learning by Doing, Municipality of Ponce, CIAPR Ponce and Learning by Doing Collaborators, and those acting pursuant to its authority, deem appropriate.

I hereby waive all rights of any nature in such recording(s) and the exhibition thereof. It is understood that this grant is provided in consideration of my right to participate in the ROV Competition organized and hosted by MATE Center, MATE II and *Learning by Doing, Municipality of Ponce, CIAPR Ponce and Learning by Doing Collaborators*, and that no compensation of any kind shall be due to or expected by me.

It is further understood that any and all images and recordings taken by me and/or my associates, including team members, instructors, mentors, and family members, may not be used for commercialize purposes without the expressed written consent of the MATE Center, MATE II, and *Learning by Doing, Municipality of Ponce, CIAPR Ponce and Learning by Doing Collaborators*. I hereby waive all rights to commercialize any and all images and recordings taken by me of my person and voice and of any and all competition-related activities and events, including other competing teams, without the expressed written consent of the MATE Center, MATE II, and *Learning by Doing, Municipality of Ponce, CIAPR Ponce and Learning by Doing Collaborators*.

**By completing the information and signing below, you agree to the Media Release conditions stated above.**

**Name:** \_\_\_\_\_

**School or School-Affiliated Organization:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Individuals under 18 years of age must have the consent of a parent or guardian.**

I, the undersigned, being a Parent or Guardian of the minor listed above and having legal capacity to act on his/her behalf, do hereby consent to the foregoing media release agreement.

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Parent or Guardian:** \_\_\_\_\_

## 2017 MATE ROV Competition Participant Information Waiver

I give my voluntary consent for The MATE Center and MATE Inspiration for Innovation to contact me in the future to ask about my education, employment, and opinions on the MATE ROV competition and activities in which I have participated. I hereby consent to the use of all information provided by me by The MATE Center and MATE Inspiration for Innovation for purposes of evaluating and promoting the MATE ROV competitions and activities. Further, I give my voluntary consent for The MATE Center and MATE Inspiration for Innovation to use my name and date of birth to obtain information from third party sources regarding my education and/or employment as part of evaluating how participation in the MATE ROV competitions and activities affects students' educational and career pathways. I understand that my contact information will be protected from disclosure to others, and, specifically, that it will not be provided to third parties for solicitation purposes.

*By completing the information and signing below, I agree to all conditions stated above.*

Name: \_\_\_\_\_

School or School-Affiliated Organization: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**Individuals under 18 years of age must have the consent of a parent or legal guardian.**

I, the undersigned, being the parent or legal guardian of the minor listed above and having legal capacity to act on his/her behalf, do hereby consent to the foregoing information release.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

