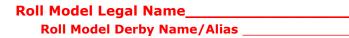
Roll Model Legal Name Roll Model Derby Name/Alias		OCHESTER AR
Emergency, Health, and Medic		
Date of Birth//		ELER DERB
Who should we contact in case of emerge	gency? Local contacts preferred.	<i>~41</i> ( J).₩
1: Contact Name:	Relationship:	
Phone Number:	Alt phone:	
2: Contact Name:	Relationship:	
Phone Number:	Alt phone:	
3: Contact Name:	Relationship:	
Phone Number:	Alt phone:	
<b>Do you have any medical conditi</b> <b>about?</b> Include things that might impo- injuries, severe allergies, etc. and prefe arise.	act participation in RAJRD functions suc	h as previous

where to find that information in the event such information is necessary)



## Rochester Area Junior Roller Derby Photo/Video Release



I \_\_\_\_\_\_\_, hereby give written \_\_\_\_\_\_, hereby give written consent for the use of videos or photographs of myself in connection with any Rochester Area Junior Roller Derby events. Additionally, I hereby grant to you, your successor, assigns and licensees the perpetual right to use, as you may desire, all motion pictures and sound track recordings which you may make of me, and the right to use my name or likeness in or in connection with the exhibition or any other use of such video or recording.

Home Address:		
City:	State: Zip:	
Phone: ()	Email:	
Signature:	Date//	
Print Name:		

## -OR-

**I DO NOT** give consent to Rochester Area Junior Roller Derby to utilize (initial applicable lines)

pictures			
videos			
identification by derby name/psuedonym			
of myself photography policy.	as listed in the above mentioned		
Signature:	Date//		
Print Name:			