

Contact Form

First Name: _____ Last Name: _____

Address: _____

Phone: [] Home [] Work [] Cell _____

My email address: _____

Emergency Contact (Parent/Relative/Spouse/Friend)

Name: _____

Address: _____

Phone: [] Home [] Work [] Cell _____

Photo/Video Release Form

I hereby give my consent for **By Foot Again, LLC** to use photographs and/or videos of me and likenesses of me in all forms and media for advertising, editorial, trade and any other lawful purposes, and to alter the aforementioned images without restriction.

Name of PARTICIPANT (Please Print)

Signature of PARTICIPANT

Date

If participant is a minor, Parent/Guardian must complete the following:

Name of Parent/Guardian

Signature of Parent/Guardian

Date