Women in Energy
Stepping Up and Stepping Out

Wednesday, April 29, 2015
10:00 a.m. – 2:00 p.m.
Panola College Auditorium, Carthage TX

REGISTRATION FORM

PRINT NAME: ______________________________________________________

SCHOOL: ______________________________________________________

CLASSIFICATION: __________ (If in High School)

SHIRT SIZE: _______________

MAIL TO:  
PANOLA COLLEGE  
ATTN: Paige Edens  
1109 W. Panola College  
Carthage, TX 75633

EMAIL TO:  
Paige Edens  
pedens@panola.edu

FAX TO:  
903-693-1196

REGISTRATION DUE BY  
MARCH 6, 2015

*LIMITED SPACE AVAILABLE!!*

MEDIA RELEASE
I hereby authorize Panola College to photograph me, my child/children and any subject matter owned by me or my child/children, in still picture and motion picture form, and to record my voice or my child’s/children’s voice(s), or to cause such photographs and pictures and recording to be made. I hereby consent to the exhibition of such photographs and pictures and the use of my name(s) and voice(s) or my child’s/children’s name and voice by you, the world, whether such exhibition and use are sponsored or not. I also consent to the use of such photographs, the right to use my or my child’s/children’s name(s), voice(s) and photographs and pictures in advertising and in publicity in connection with a subsequent exhibition, and in the exhibition itself. I hereby release you and all other parties from any and all liability, claims or causes of action, arising out of, or created by, the use of my or my child’s/children’s photograph or photographs, picture(s), and name(s) and voice(s), as set forth above. This authorization, consent and release shall apply to all photographs, pictures and recordings of the below-signed, made with the knowledge and acquiescence of the below-signed, from the date hereof until the below-signed shall give you written notice that this authorization, consent and release is no longer effective. This agreement shall be binding on me, my heirs, administrators and executors, and shall inure to the benefit of you, your successors, assigns or licensees.

PARTICIPANT NAME: _____________________  PARTICIPANT SIGNATURE: _________________

PARENT/GAURDIAN NAME: _____________________  PARENT/GAURDIAN SIGNATURE: _________________

DATE: __________________________