

National Stick Doctor Competition
Video Submission Agreement, Authorization, and Release

(Please print)

Mail completed form to: Stick Doctor, 505 Beachwood Blvd., 3 230, Vero Beach, FL 32963
or Fax to: 772-584-3512

Name: _____ Birth Date: _____

Address: _____

Email Address: _____ Phone Number: _____

School: _____

Region: (circle one)

Northeast **Southeast** **Midwest** **Southwest** **West**

Type of Submission (circle one):

DVD via Mail (enclose copy of this document)

Link on Facebook (must be a fan of Stickdoctor): _____

YouTube Link: _____

Type of demo (circle one):

Stringing Mesh **Stringing Traditional** **Goalie Stick**

Pinch or Un-Pinch **Dye Job** **Other:** _____

By signing below, I affirm that I have carefully read, fully understand, and agree to the "Contest Rules" as set forth on www.stickdoctor.net and am signing this Video Submission Agreement, Authorization and Release voluntarily with the intent to be legally bound. Further, I understand that if I have not yet reached the age of 18, my parent or legal guardian must approve and execute this agreement.

Signature: _____ Date: _____

Name of Parent or Guardian (if under 18 years of age):

Parent or Guardian Signature (if under 18 years of age):

Date: _____