



## AGGUSA MEDIA CONSENT 2026

Coach/Judge/Gymnast's Name: \_\_\_\_\_

I, \_\_\_\_\_, representing \_\_\_\_\_ authorize AGGUSA's administration to photograph, audiotape, and/or videotape myself or the minor I am representing on this form.

1. I grant AGGUSA the right to use photographs, audio recordings, video recordings, and/or any reproduction, or modification, thereof which show either myself or the minor I am representing.
2. These consented items may be used in any manner or medium throughout the world, for an unlimited number of times in perpetuity for advertising, trade, promotion, exhibition, or any other lawful purpose.
3. I understand that I will not receive any monetary compensation for the permissions I am granting herein.
4. I hereby waive any right of inspection or approval of the uses to which AGGUSA may put the photograph, audio, and/or video.



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5. I acknowledge that AGGUSA will rely on this permission, and I hereby release and discharge AGGUSA from any and all claims arising out of, or in connection with the permissions granted here, including any or all claims for libel, invasion of privacy, or emotion distress.
  6. I acknowledge that photographs, audiotapes, and videos may be taken by a third party on behalf of AGGUSA, or AGGUSA may reach out to a third party for such items. In this case, I consent to the third party to take any photographs, audio recordings, video recordings, of myself, for the use of AGGUSA.
  7. I acknowledge that at no time am I allowed to publish, post, distribute, or in any way publicly share photographs, videos, or audiotapes of a separate AGGUSA club's team without the consent of the separate AGGUSA club. The only exception is when reposting or redistributing an official AGGUSA advertisement, promotion, or results for/from an event.
  8. I acknowledge that violating point 7 will result in an investigation and potential disciplinary action overseen by AGGUSA's Ethical Committee.
  9. I understand that this media consent form is valid for all content that either takes place or is taken during the 2026 season, including both national and international events.
  10. I understand that if I choose to revoke my consent for any reason, it must be explicitly stated to AGGUSA via email at: [aggusafederationoffice@yahoo.com](mailto:aggusafederationoffice@yahoo.com)



Please check “Yes” or “No”:

<input type="checkbox"/>	<input type="checkbox"/>
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I hereby grant permission for AGGUSA to collect and use photographs, audiotapes, and videotapes of \_\_\_\_\_

(if you are a coach, judge, or club owner put your own name, if this is for a gymnast, put the gymnast’s name)

YES    NO

If “No” please add why, or specify certain restrictions below:

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Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

If the individual named above is under 18 years of age, please complete the following:

Guardian’s Name: \_\_\_\_\_

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

Guardian’s Signature: \_\_\_\_\_