

U.S. TRAVEL ASSOCIATION

Media Opt-Out Form

I do not authorize U.S. Travel to use personally identifiable recordings or photographs of myself made by U.S. Travel and its agents during or in connection with my attendance at IPW. I have provided a picture of myself to be used as reference to assure my dis-inclusion in any images used by U.S. Travel. I will notify photographers in my vicinity that I do not wish to be photographed. In signing this Form, I understand that U.S. Travel will make reasonable efforts to avoid access to, or remove, my image or voice for all purposes identified herein.

Adult (Over 18)

Date: _____ Name: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____
Email: _____

I confirm that I have read and agree to the terms of the above "Media Opt-Out Form."
Signature: _____

Child (Under 18)

Date: _____ Child's name: _____
Parent's Name: _____
Phone: _____ Email: _____

I confirm that I am the Parent or Guardian of the child listed above and I affirm that I have read and agree to the terms of the above "Media Opt-Out Form".
Signature: _____

Return this form including a reference photo to the IPW Registration Desk. Form must be countersigned at desk to be effective.

Form and Photo Received by: _____

Date: _____