



## PHOTO / VIDEO RELEASE FORM

To be completed by Best Sapper Competitors

I, (insert your first & last name) \_\_\_\_\_, hereby grant the Sapper Training Company, DOD Public Affairs Representatives and authorized Media permission to use my likeness in any official photograph/video taken during the 19<sup>th</sup> Annual Lieutenant General Robert B. Flowers Best Sapper Competition, 16 April through 24 April 2026.

To make certain that we are using your personal information with your authorization, would you, therefore, please take a minute to complete the following by checking whether you do or do not give permission for items 1 and 2 below:

1. I do / I do not, give my permission for the Sapper Training Company, Fort Leonard Wood and visiting DOD Public Affairs Representatives to use my photographs or images in publications produced in official Army/DOD communications, such as publications, articles, Army/DOD websites, and social media.
2. I do / I do not, give permission for the Sapper Training Company and the Fort Leonard Wood Public Affairs Office to allow authorized TV, radio, newspapers and other commercial media photographers and videographers, to use my image in publications for official purposes of illustrating my participation in the 2026 Best Sapper Competition.

I understand if I do not give permission, the Sapper Training Company, Public Affairs and the Media will do their best to omit my image from official publication, however, due to this being a public event cannot guarantee my image will not appear.

Optional remarks: \_\_\_\_\_  
\_\_\_\_\_

I certify I am at or above 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Printed First & Last Name)

**If the person signing is under age 18, consent by a parent or guardian, follows:**

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_  
(Parent/Guardian's Signature) (Date)

\_\_\_\_\_  
(Parent/Guardian's Printed Name)