



MEDIA ACTIVITIES AUTHORIZATION

Sport: _____
Name of media outlet requesting permission: _____
Contact person of media outlet / title: _____
Address: _____
Phone Number: _____ Fax Number or Email Address: _____
Coach or staff member/s appearing: _____

- Medium of Media Activity (please check)*
- TV
 - Radio
 - Internet Broadcast
 - Other
- _____

- Student-athletes requested:*
1. _____
 2. _____
 3. _____
 4. _____
 5. _____

*If more than five student-athletes, please list separately

Date and time of planned activity: _____
Location of planned activity: _____
Please describe the planned activity and purpose: _____

- Are any payments being provided to student-athletes for appearance? Yes No
- Will a meal be provided to student-athletes? Yes No
If yes, who will provide meal? _____
- Will travel be provided to and from the appearance? Yes No
If yes, who will provide travel? _____
- Does this appearance involve a commercial sponsor or product? Yes No

I, _____, understand that any media appearance may not include any prospect-age athletes or high school coaches without a commercial break in between appearances. I also understand that I, nor any student-athletes, may not promote or endorse any commercial product at anytime during the appearance or receive remuneration for the appearance.

Signature of Coach

Date

Signature of Compliance

Date

Signature of SID

Date

Director of Athletics Designee Signature

Date

FOR COMPLIANCE OFFICE USE ONLY

- Student-Athletes Academically Eligible
- No remuneration for participation
- No endorsement of commercial products/services

Coaches bylaw 13.10 issues resolved
__ **Approved** __ **Denied**