



**TOURNAMENT REGISTRATION FORM &  
MEDIA PERMISSION AND RELEASE**

Event Name: POKKéN Tournament Early Access Competition  
Event Date(s): February 27, 2016  
Event Location(s):

By signing below, I agree to the following:

I give Nintendo of America Inc. ("Nintendo") and GameStop, Inc. ("GameStop," and collectively, the "Parties"), and anyone authorized by the Parties, permission to:

- Photograph and/or record me in connection with the Event;
- Edit and modify any resulting photographs, recordings or other media or materials (the "Photographs and Recordings"); and
- Use the Photographs and Recordings and my name, likeness, persona, voice and statements in any manner or media in connection with the commercial, promotional, industry and/or internal purposes of the Parties and their affiliates and promotional partners.

I release and discharge the Parties and their affiliates, respective agents, employees and assigns, and anyone acting under their authorization from any claims that their use of the Photographs and Recordings as authorized in this document violates any of my rights, including without limitation any rights of publicity or privacy.

I have read and agree to the Official Rules of the Event.

I understand that I will not be entitled to any additional compensation for the permission and release granted in this document apart from my participation in the Event. My permission and release in this document are perpetual and irrevocable, so the Parties and anyone authorized by the Parties may proceed in reliance on such permission and release.

Nintendo may contact me at the phone number and/or email provided below for matters related to the Event.

I have read, understand, and agree to all of the above.

Print Name	Signature	Date
Date of Birth	Phone (leave blank if under 18 years old)	Email (leave blank if under 18 years old)

***Signature of parent or legal guardian is required if the above person is under 18 years of age or the age of majority in his/her state of residence:***

I am the parent or legal guardian of the person named above and I agree to the above on his or her behalf.

Print Name	Signature	Date
Phone	Email	

Note: Personal information collected on this form will be used for matters related to this permission and release, and will not be added to the Parties' promotional mailing lists.

