

ATTACHMENT 2

Team Commitment Form

Name of School: _____

Team Members and Contact Information:

<u>Name</u>	<u>Email</u>	<u>Phone</u>	<u>Anticipated Graduation</u> <u>(MM/YY)</u>

(Maximum team members = 8)

Chosen Name of Your Consulting Firm: _____

Designated Team Contact (Captain): _____

School Faculty Name/Phone Number/Email: _____ / _____ / _____

School Faculty Signature: _____

Any Requested Exception to Section 4 Criteria: Yes ☐ No ☐

If NO, we understand that the participant complies with requirements of Section 4. If YES, briefly state the requested exemption and reason below:

Use of Materials

I give SWANA permission to use any and all of my voice, image and likeness, with or without using my name, in connection with the products and/or services of SWANA for the purposes of advertising and promoting such products and/or services and/or SWANA and/or for other purposes deemed appropriate by SWANA in its reasonable discretion, except to the extent expressly prohibited by law.

Please check this box as part of your agreement to participate. ☐