



**NMAA OFFICE USE**

Date Received: \_\_\_\_\_

Date Issued: \_\_\_\_\_

**NMAA Application  
School Media Credentials  
2019-2020 Championships**

***Please PRINT Neatly***

Name of NMAA Member School: \_\_\_\_\_

Mailing Address for Credentials: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

E-Mail: \_\_\_\_\_

Number of Credentials Requested: \_\_\_\_\_

Name(s) of Individual(s) to Use Credential(s): \_\_\_\_\_

**School Media passes shall be granted under the follow conditions:**

By requesting, accepting and using NMAA issued School Media Credentials, the school the credentials are issued to agrees to the following:

This working School Media credential is issued by the New Mexico Activities Association to a representative of a school media program recognized by the NMAA for the sole purpose of providing access to cover NMAA sanctioned school events. It is issued subject to the following conditions:

- 1.) Bearer of this credential agrees that the school media program is engaged in a legitimate working function and that the credential shall be used solely for news and editorial coverage (bona-fide school purposes) of NMAA sanctioned events.
- 2.) The NMAA reserves the right to request content created by the school media program to which this credential is issued for its publication, promotional, educational or public relations uses at no cost to the NMAA upon request. Still Images must be provided to the NMAA without request.
- 3.) Bearer assumes all risk and danger incidental to all events and releases the NMAA and all agents thereof from any and all liabilities resulting from such cases.
- 4.) Bearer agrees that this credential is not transferable, may be revoked at any time at the sole discretion of the NMAA and will automatically terminate if any term hereof is breached.

**Signing and requesting NMAA school media credentials recognizes understanding, agreement and knowledge of all NMAA Multimedia regulations.**

Name of School Administrator\*: \_\_\_\_\_ Title: \_\_\_\_\_

*\*must be Superintendent, Principal, or Athletic Director*

Signature of School Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

**Fax completed applications to the NMAA Attn: Media Relations Director (505) 923-3114 NMAA Phone (505) 923-3110**

