

THE NATIONAL VETERANS WHEELCHAIR GAMES

Media Credential Application

MEDIA INFORM				
ledia Organization / Comp				
lame				
address		Email		
Phone		Date Form Completed		
MEDIA CATEGOI	RY			
WP: Written Press	PJ: Photo Journalist	BTV: Broadcast TV	CTV: Cable TV	R: Radio
OTE: Please attach a cop	y of the Credential issue	d to you by your media co	mpany with this applic	cation.
MEDIA COVERA	GE			
Please indicate below the ever	nts or activities you are interest	ed in covering (see attached Sch	nedule of Events).	

Media guests are required to wear an official National Veterans Wheelchair Games Media Credential badge during the event.

This is a medical care event. Not all participants have consented for use of their image and/or voice recording. By receiving credentials, you are agreeing to review all images with NVWG Public Affairs staff prior to publication to identify participants who have not consented to media.

All media guests are required to provide official identification prior to credentialing. Freelance projects must be vetted in advance. Requests for project review should be sent to Jordan Schupbach at jordan.schupbach@va.gov for consideration.

OF VETERALS

Photos used should reference the "Department of Veterans Affairs" and/or "National Veterans Wheelchair Games" in the description caption.