

# PHOTO RELEASE

*I hope you will love your photos as much as I do. I would appreciate your permission to have your player be one that we may use to promote your league and Giles Sports Photography. If you have any questions or concerns, please contact me.*

*Thank you, Tom Giles*

Players Name: \_\_\_\_\_ Team: \_\_\_\_\_

Jersey # \_\_\_\_\_ Parent: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:** *With your signature you give Thomas W. Giles, Giles Sports Photography and Your League permission to use the images of the above named player(s) for brochures, advertising, display and promoting Your League and Giles Sports Photography. We will **NEVER** sell images of your child.*

**Please fill out the Release form  
and leave it here tonight.**

**Or mail it to:  
Giles Sports Photography  
4812 Fairfax Street  
Eau Claire, WI 54701**

**Or take a photo  
of the completed form and  
email it to:  
sportsphotography@gilesphoto.com**

**Business Phone: 715.834.2993**

**www.gilesphoto.com/sports**