

# Port Washington Volleyball

## Photo Release

The individual person named below is signing this Release as a condition of participating in Port Washington Volleyball Youth Volleyball Clinic (the "Event"), an event organized by the Port Washington Volleyball, Inc. Such person acknowledges that the Port Washington Volleyball, Inc. may take pictures or record videos of such person at the Event, and that the Port Washington Volleyball, Inc may also permit members of the media (the "Media") to take such pictures or record such videos. This Release allows the Port Washington Volleyball, Inc and the Media to use one or more such photographs, video recordings, and/or sound recordings (collectively, "Recordings") of such person for any purpose consistent with the Port Washington Volleyball Inc's mission, which includes, but is not limited to, the Port Washington Volleyball, Inc or the Media publishing such Recordings in newspaper, web sites, other print or electronic publications, on television, or on the radio. By signing this Release, such person acknowledges that he or she has freely consented to be photographed, filmed, or otherwise recorded and has signed this Release of his or her own free will. If the person named below is under age 18, a parent or guardian of such person must sign on such person's behalf.

1. I agree that I am willing to be photographed, filmed, or otherwise recorded by the Port Washington Volleyball Inc, and the Media, either individually or as part of a group Recording, which may include my image, likeness, and/or voice. I further agree that my name may be used to identify me as a subject of any Recordings featuring my image, likeness, and/or voice.
2. I understand that the Port Washington Volleyball, Inc will own all the rights in the Recordings of me that the Port Washington Volleyball Inc takes or records ("Port Washington Volleyball Inc Recordings"), and that the Port Washington Volleyball Inc will have the exclusive right to use, or allow others to use, such Port Washington Volleyball Inc. recordings in any medium for any purpose consistent with the Port Washington Volleyball Inc's mission as determined by the Port Washington Volleyball Inc.
3. I understand that the Media will own all rights in the Recordings of me that the Media takes or records ("Media Recordings"), and that the Media will have the exclusive right to use, or allow others to use, such Media Recordings in any medium for any lawful purpose.
4. I understand that I am waiving any and all rights that may preclude the Port Washington Volleyball Inc's or the Media's use of the Recordings as described above.
5. I acknowledge that neither the Port Washington Volleyball Inc. nor the Media has any obligation to use any Recordings of me or to use such Recordings for any particular purpose.
6. I understand that I will receive no monetary payment or other compensation in exchange for the rights to use Recordings of me or for my participation in the Event.
7. I hereby release and forever discharge the Port Washington Volleyball Inc, its affiliates, and each of their respective directors, officers, employees, volunteers, and agents from any and all liabilities, claims, damages, rights, and causes of action of whatever kind, nature, or description, present or future, asserted by me or on my behalf by any other person, including my heirs, executors, or assigns, that arise out of or related in any way to my participation in the Event or the use of any Recordings of me.

Participant Name (print clearly)

Parent/Guardian Name (if participant is under 18 yrs old)

Participant Signature

Parent/Guardian Signature (if participant is under 18 yrs old)

Date Signed

Date signed