



## MEDIA CONSENT FORM AND RELEASE

I am the parent/guardian of \_\_\_\_\_ (print full name of child) ("My Child"). I hereby grant ( T.A.T.E. Training Sports and Wellness and their affiliated agents and trainers) the absolute right and permission to use photographic portraits, pictures, digital images, social media reels, or videos of My Child, or in which My Child may be included in whole or part, or reproductions or otherwise for any lawful purpose whatsoever, including but not limited to use in any publication or on the T.A.T.E. Training Sports and Wellness websites, social media platforms, marketing material without payment or any other consideration.

I hereby waive any right that I may have to inspect and/or approve the finished product or the copy that may be used in connection therewith, wherein My Child's likeness appears, or the use to which it may be applied.

I hereby release, discharge, and agree to indemnify and hold harmless the T.A.T.E. Training Sports and Wellness and their agents from all claims, demands, lawsuits, and causes of action that I or My Child have or may have by reason of this authorization or use of My Child's photographic portraits, pictures, digital images, social media reels, videos, including any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said images or videos, or in processing tending towards the completion of the finished product, including publication on the internet, in brochures, or any other marketing material, advertisements or promotional materials.

☐ CONSENT: We/I hereby certify that We/I are/am the parent(s) or guardian(s) of the above-named child and do hereby give our/my consent without reservation to the foregoing on behalf of My Child.

☐ I represent that I am at least eighteen (18) years of age and am fully competent to sign this Release.

\_\_\_\_\_  
(Parent/Guardian'/ OR Trainee Printed Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian's /OR Trainee Signature)

\_\_\_\_\_  
(Primary Phone Number)

\_\_\_\_\_  
(T.A.T.E Training Sports & Wellness Representative )

\_\_\_\_\_  
(Date )

Rev. 2/23/2023