



GOSHEN YOUTH SOCCER ASSOCIATION  
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## PHOTO RELEASE

I, \_\_\_\_\_ (Parent/Guardian) give permission to Goshen Youth Soccer Association (GYSA) to use my child's photograph on the GYSA website ([www.GoshenSoccer.com](http://www.GoshenSoccer.com)).

I understand the images may be used on the GYSA websites, and social media platforms. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Players names will not be used. I understand that I may revoke this release at any time or set a date for my Agreement to expire by emailing [technologygysa@gmail.com](mailto:technologygysa@gmail.com) with this request.

Players First Name: \_\_\_\_\_ Players Last Name: \_\_\_\_\_  
Event: \_\_\_\_\_  
Event Date: \_\_\_\_\_  
Location: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_  
Date: \_\_\_\_\_