



BECKMAN WATER POLO

Athlete Social Media Photo & Video Release Form

Participant (Athlete) Name: _____

Date of Birth: _____

Team / Season: Beckman Boys Water Polo – Fall 2025

I, the undersigned parent or legal guardian of the minor athlete named above, grant permission to “Beckman Boys Water Polo” and its representatives (including coaches, administrators, parents and media personnel) to **photograph, videotape, and otherwise record** the athlete, and to **use, reproduce, publish, and distribute** these images or recordings:

- On **team social media accounts** (Instagram, Facebook, YouTube, etc.)
- In **team website**, newsletters, event programs, media coverage, or promotional materials
- In **public or private contexts**, in perpetuity, without compensation

This permission includes editing or creating derivative works with such content. I waive any claims for remuneration or approval of the final product.

Waiver & Release

I release and hold harmless “Beckman Boys Water Polo,” its agents, representatives, and assigns from any liability arising from the use of these materials—including claims of invasion of privacy, defamation, or unauthorized exploitation. I understand that third parties may access, and share posted content. This media release is effective immediately and continues indefinitely, unless revoked in writing. Should I wish to withdraw consent, I must notify the team in writing. However, I understand that images/materials used **prior to the revocation** may remain in public use.

Consent Selection (Please check one)

- ☐ **I GIVE** permission for the use, as described above.
- ☐ **I DO NOT GIVE** permission for such use.

Parent/Guardian Authorization

Printed Name of Parent/Guardian: _____

Signature: _____

Date: _____