



## **PHOTO & VIDEO RELEASE FORM**

Torque X Training LLC

Program Name: Torque X Training

Business Name: Torque X Training LLC

### **Participant Information**

Athlete Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent or Guardian Name (if minor): \_\_\_\_\_

### **Media Release Authorization**

I grant permission to Torque X Training LLC to photograph and record video of me or my child during training sessions, events, and related activities. I understand these images and recordings may be used for marketing, promotional materials, social media content, website use, and educational purposes.

I understand that no compensation will be provided and that all media becomes the property of Torque X Training LLC.

☐ I do NOT give permission for photo or video use

### **Acknowledgment**

I acknowledge that I have read and understand this release and that participation is not conditioned upon granting permission.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian Signature (if minor): \_\_\_\_\_

Date: \_\_\_\_\_