



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: _____