

Photo Release Form

Confluence Water Polo Club has my permission to use my or my child's photograph publicly to promote the program. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Participant's Name: _____

Participant's signature: _____ Date _____

Phone Number: _____

If Participant is a minor (under 18 years old)

Parent/Guardian's Name: _____

Parent/Guardian's signature: _____ Date _____