

PHOTO & VIDEO RELEASE FORM

I, _____, hereby grant permission to the **West Boynton 9U Cobras**, the rights of my child athlete's image, in video or still, without payment or any other consideration. I understand that my child athlete's image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein their likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

Photographic, audio or video recordings may be used for ANY USE which may include but is not limited to:

- Presentations;
- Courses;
- Online/Internet Videos;
- Media;
- News (Press);

By signing this release, I understand this permission signifies that photographic or video recordings of my child athlete may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Child Athlete's Full Name _____

Street Address/P.O. Box _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email Address _____

Parent/Guardian's Signature _____ Date _____