True Athlete Camps & Clinics

Photo Release Waiver

This agreement is between True Athlete LLC and	(parent/guardian name).
I,(parei	nt/guardian name), hereby grant permission to True Athlete LLC
to use any photographs, video recordings, or other	
(athlete	e's name), taken at True Athlete camps and/or clinics for
promotional purposes such as website, print, and	social media use.
·	byright, use and publish photos and videos in print and/or onnection with the image(s). I hereby release True Athlete from with, the use of the child's image.
This agreement will remain in full effect until revo	oked in writing by the parent.
Parent/guardian signature:	Athlete name:
Date:	
If I do NOT want my child to be photographed, I	will check the box below:
, , ,	used for promotional purposes by True Athlete. I hereby revoke raphs and videos of my child during the summer camp program.
Parent/guardian signature:	Athlete name:
Date:	