

Sports Team Media Release Form

Team Name:

Participant Name:

Parent/Guardian Name (if participant is under 18):

Date of Birth:

Date:

MEDIA RELEASE CONSENT

I hereby grant permission to the above team and its representatives to take photographs and/or video recordings of me/my child during team-related events. I authorize the use of such media for promotional purposes, without compensation, in print, digital, and social media.

Additional comments or restrictions:

Participant Signature

Date

Parent/Guardian Signature (if under 18)