

# Fitness Center Member Media Release Form

Member Full Name

Email Address

Phone Number

Date

## Media Release Authorization

I hereby grant the Fitness Center permission to use my image, likeness, and voice as captured in photographs, videos, or audio recordings taken during my participation in center activities for promotional, publicity, and other lawful purposes.

☐

I agree

☐

I do not agree

Signature

Parent/Guardian Name (if member is under 18)

Additional Comments