Sports Team Photo Release Consent Form

Team Information

Team Name
Season / Year
Player Information
Player Name
Parent/Guardian Name (if under 18)
Contact Information
Email
Phone
Consent
I hereby grant permission to the above named sports team and their representatives to use photographs and/or video taken during official events and activities for promotional materials, including print and online media. Lunderstand that no personal information will be shared besides the first name
Signature
Date