

Photo Release Form

I/We the parent(s) or guardian(s) of _____, a player for the Special Needs Sports Corporation (as well as the rest of my immediate family), authorize the release of the above reference minor and his/her family for use of photos, portrait, newspaper photo or video in promotional material including but not limited to the SNSC website.

By signing below you hereby agree to hold harmless the SNSC, it's members, board members, affiliates, coaches, and managers from liability, damages, misuse or theft arising from the use of the above referenced players and/or family picture(s) in promotional material.

Please send written notification to Larry Evarts to revoke authorization of photos.

Parent's name (print)

Parents' signature

Relationship to player

Phone #: _____

Date: _____