



Photo Release

Printed Name of Athlete

I hereby give consent for the above named individual to appear, without compensation, in a photograph, or on video or audio tape, assembled by McCracken County Youth Soccer Association, Rehab Associates Foundation, and/or by the local or national media, for purposes of training, entertaining, marketing, informing, publicizing, promoting and to the transfer of said information and photographs to unrelated third parties.

I also waive all privileges, privacy rights, and provision of law relating to the disclosures hereby authorized, including the use of the subject's name and release McCracken County Youth Soccer Association and Rehab Associates Foundation from any responsibility and liability of the material upon use, duplication and publication. I understand that McCracken County Youth Soccer Association and Rehab Associates Foundation relinquishes control of photographs, video or audio tape taken by the local or national media.

The individual, parent or guardian, if desiring, may put limitations on the scope of this consent. Any limitations desired may be listed here:

To be completed by individual (if 18 years or older), parent or guardian.

Relationship to Athlete

Date

Printed name of person authorized to consent

Signature

Address

Home Phone Number

Submit this form or mail with the registration

