



PHOTO RELEASE FORM

_____ I grant permission to the Stingray Swim Team to use photographs of my child/children for purposes of education, advertising, public relations (including the team web page), or any other lawful use with or without my name. I hereby waive any right that I (and minor) may have to inspect or approve the photographs, whether that use is known to me or unknown.

_____ I grant permission to the Stingray Swim Team to use videography of my child/children for purposes of education, public relations, or any other lawful use with or without my name. I hereby waive any right that I (and minor) may have to inspect or approve the video, whether that use is known to me or unknown.

Name of swimmers (PLEASE PRINT)

Name of Parent/Guardian (PLEASE PRINT)

Street Address, City, State, and Zip Code

Signature

Date