



Archer Athletic Association

P.O. Box 1151 ♦ Grayson, Georgia 30019 ♦ <http://www.playAAAsports.com>

Media Release Form

I, the undersigned, do hereby consent and agree that Archer Athletic Association have the right to take photographs, videotape, or digital recordings of my child, _____ during the _____ Season to use these in any and all media, now or hereafter known, and exclusively for the purpose of promoting Archer Athletic Association. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Archer Athletic Association all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies.

I understand that there will be no financial or other remuneration for photographing, videotaping or recording my child, either for initial or subsequent transmission or playback.

I also understand that Archer Athletic Association is not responsible for any expense or liability incurred as a result of my participation in this photographing, videotaping or recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am legal guardian of _____, and I have read and understand the foregoing statement, and am competent to execute this agreement.

Name: _____ Date: _____

Address: _____

Phone: _____

Witness for the undersigned: _____

Signature: _____

I hereby request that my child, _____, **NOT** be photographed; video taped; or interviewed for possible use in any form promoting Archer Athletic Association or its partners/vendors.

Signature: _____