



PHOTO RELEASE FORM FOR CHILDREN UNDER 18 YEARS OF AGE

I, _____, the parent or legal guardian of _____

_____ grant **Blazerz Juniors Volleyball Club LLC** and its

staffs my permission to photograph my child/dependent and use the photo for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web/internet content. Furthermore, I understand that no royalty, fee or other compensation shall become payable to me, my child or any other member of my family by reason of such use.

Parent/Guardian's Signature: _____ Date _____

Parent/Guardian's Name: _____

Child's Name: _____

Parent/Guardian Phone Number: _____

Child Phone Number: _____

Parent/Guardian E-mail: _____

Child Phone Number: _____