

American Martyrs Athletic Association
PHOTO RELEASE FORM

Permission to Use Photograph

I grant to American Martyrs Athletic Association, the right to take photographs of my child in connection with the above-identified organization. I authorize American Martyrs Athletic Association, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that American Martyrs Athletic Association may use such photographs of my child with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Child/Children's Name(s) _____

Signature of parent or guardian _____

Printed name _____

Date _____