

MEDIA RELEASE FORM

I, _____, grant permission to Wave Volleyball Club, hereinafter known as the "Media" to use my image (photographs and/or video) for use in Media publications including:

(Check All That Apply)

☐ - Wave Volleyball Club's Social Media Accounts (Instagram, Twitter, Facebook)

☐ - WaveVolleyball.net Website

☐ - SportsEngine

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please initial the paragraph below:

_____ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Parent or Legal Guardian Signature: _____

Date: _____

Player Name (please print): _____