Photo Release Form

Memorial Soccer Club

1514 Lynnview Dr.

Houston, Texas 77055

Permission to Use Photograph

Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I grant to **Memorial Soccer Club**, its representatives and employees the right to take photographs and use team photos of my child in connection with the above-identified subject. I authorize **Memorial Soccer Club**, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that **Memorial Soccer Club** may use such photographs of my child with or without my 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:

Minor’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if under age 18)