



PHOTO RELEASE FORM

I, _____, hereby certify that I am the parent, or legal guardian, of the following minor child or children:

Name(s): _____ Date of Birth: ____/____/____

_____ Date of Birth: ____/____/____

Parent/Guardian Contact Information:

Name: _____

Address: _____, _____, COLORADO _____

Email Address: _____

Telephone Number: _____

I give permission for my child or children to be photographed by **970 SUN DEVILS BASEBALL CLUB**, and any of the images of my child or children resulting from such photography to be used for any lawful purpose by the photographer.

I agree that the **970 SUN DEVILS BASEBALL CLUB** will be the sole owner of any of the images of my child resulting from such photography, and that the **970 SUN DEVILS BASEBALL CLUB** does not have to obtain further approval to use them at any time. I and our child or children unconditionally release the **970 SUN DEVILS BASEBALL CLUB** and its coaches and representatives from any claims or actions arising from the conduct described in this release.

I have read and understand the release and agree to be bound by its terms. I am over 18 years of age and am/are authorized and competent to sign this release. I understand that this release will remain in effect unless revoked by us in writing.

DATE: _____

Signature of Parent or Legal Guardian