

Madison County Beasts Photo Release Form

Madison County Beasts Athletics – including representatives thereof (coaches, parents, etc.) has my permission to use my or my child’s photograph publically to promote the team and the organization. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

If you do **not** agree to the terms above, please check the box below.

I/We DO NOT GRANT permission for video/photos/images that include this athlete to be published on the team’s website, newsletter, bulletin, Facebook page, or other social media outlets and publications.

Child’s Name: _____

Parent/Guardian’s Name (**Print**): _____

Relationship to Child: _____

Parent/Guardian’s signature: _____ Date _____