

PARENT PERMISSION FORM

FOR PICTURE RELEASE

CHILD'S NAME _____

PHOTOGRAPHS/VIDEOTAPES

Occasionally the newspaper, Mount Gilead Softball and Baseball Association Board Members, and/or parents wish to take photographs or videotapes of children during league games, clinics, or events. Your permission is needed to allow these photographs to be displayed in print, audiovisual, or MGSBA web based media. I further understand that no compensation will be provided for use of any of the photographs or videos.

Please check one:

Yes, my child may be photographed or videotaped

No, my child may not be photographed or videotaped

PARENT'S NAME _____

PARENT'S SIGNATURE _____

DATE _____