

East Pennsboro Youth Athletic League (EPYAL) IMAGES WAIVER

I, (print name) _____, hereby grant permission to East Pennsboro Youth Athletic League, INC. its Board, Directors, Volunteers, Representatives, Etc to take/use photographs and/or digital images of me for use in any releases and/or any promotional materials. These materials may include printed or electronic publications, web sites or other forms of communications. I further agree that my name and identity may be revealed in commentary in connection with these images. I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions, files, records, history, etc shall be the property of East Pennsboro Youth Athletic League, INC. and its Board.

_____ (Date)

(Signature of adult subject over age 18)

(Phone)

(Address)

(City, State, Zip)

Release For Minor Children (Under the age of 18)

I, (print name) _____, parent, representative or official guardian of (print child/athlete's name) _____, hereby grant permission to East Pennsboro Youth Athletic League, INC. its Board, Directors, Volunteers, Representatives, Etc to take/use photographs and/or digital images of the child/athlete for use in any releases and/or any promotional materials. These materials might include printed or electronic publications, web sites or other forms of communications. I further agree that the child's/athlete's name and identity may be revealed in commentary in connection with the images. I authorize the use of these images without compensation to me, the child/athlete, etc. All negatives, prints, digital reproductions, files, records, history, etc shall be the property of East Pennsboro Youth Athletic League, INC. and its Board.

_____ (Date)

(Signature of Parent/Guardian)

(Phone)

(Address)

(City, State, Zip)

(Email)