



MEDIA RELEASE: I, as indicated below, authorize photographs and/or videotapes to be made of my son or daughter during tournaments, games and/or practices. It is understood that they will be for media relations, community, and web use related to the Salina Soccer Club. This may include photos and first name of child.

I give consent for the use of photographs or video images that may contain recognizable pictures of my child for publicity purposes. I understand that neither I nor the child will receive monetary compensation for use of photos or video clips. (Local newspaper photos may request full names).

Players name: _____ Team Name _____

Parent/guardian name: _____

Parent/guardian signature: _____

Date: _____

Email Address: _____