



PHOTO RELEASE FORM

I do hereby consent and agree that North Smithfield Youth Soccer Association ("NSYSA"), its directors, or its agents have the right to take photographs, videotape, or digital recordings of me and/or my minor children or dependents, and to use these in any and all now or hereafter known, and exclusively for the purpose of promoting youth soccer in North Smithfield consistent with the bylaws of NSYSA. I further consent that my name and identity, and the names and identities of my minor children or dependents, may be revealed therein or by descriptive text or commentary. I do hereby release to North Smithfield Youth Soccer Association ("NSYSA"), its directors, or its agents all rights to exhibit this work in print and electronic form publicly and privately and to market and sell copies. I waive any rights, claims, or interest I have to control the use of my identity or likeness or the identity or likeness, of my minor children or dependents, in whatever media used. I understand that there will be no financial or other remuneration for recording me or my minor children or dependents, either for initial or subsequent publication or transmission. I release NSYSA from any expectation of confidentiality for the undersigned minor children or myself, and I attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize NSYSA to use their photographs and names. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and I am competent to execute this agreement.

I, _____, agree to the above with respect to the following child(ren):

Signature

Date