Media/Photo Release Waiver for Aloha Aquatics Association

MEDIA/PHOTO RELEASE FORM

The undersigned, on behalf of themselves and their Children, authorize and give full consent to the Aloha Aquatics Swim Club (Aloha Aquatics) to publish any and all photographs, videotapes and/or film in which the undersigned child or the undersigned appear while attending Aloha Aquatics Swim Meets, Practices or Club Events.

The undersigned agrees that Aloha Aquatics may use and license others to use the name, voice, likeness and any biographical facts which may have been provided to Aloha Aquatics in connection with Swim Meets, Practices or Club Events in the advertising, marketing and promotion of Aloha Aquatics, including use on any social media sites.

The undersigned on behalf of themselves and their Children acknowledge that they have read the above Release Waiver and fully understand its terms. Participants' Names (Adults and Children)

Please choose either ☐OPT-IN ☐OPT-OUT by each name below

Participants' Names (legal first name, legal last name)
(Adults and Children)

1. _____☐OPT-IN ☐OPT-OUT
2. _____☐OPT-IN ☐OPT-OUT
3. _____☐OPT-IN ☐OPT-OUT
4. _____☐OPT-IN ☐OPT-OUT
5. _____☐OPT-IN ☐OPT-OUT
6. _____☐OPT-IN ☐OPT-OUT
7. _____☐OPT-IN ☐OPT-OUT
8. _____☐OPT-IN ☐OPT-OUT
9. _____☐OPT-IN ☐OPT-OUT

Print Name and Signature: _____Date:_____

☐ I understand that by checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.