Photo Release/Release of Information

I, as the parent/legal guardian of _____, a member of the Force Aquatics Swim Team, hereby consent to the release of the following personally identifiable information: swimmer's name, photo/video of swimmer during Force Aquatics events and/or events representing Force Aquatics Swim Team; and any description of the activity/event. I further consent that any or all of the material photographed/recorded may be used, in any form, as part of any future publications, brochure, or other printed and/or electronic materials, including social media, used to promote Force Aquatics Swim Team.

_____

Parent/Guardian Date