

Model Release Form

Player Full Name: _____

I _____ ,
(Parent/Guardian Name)

of _____ ,
(Address, City, State Zip)

the parent guardian of the above listed player, hereby give my permission to
(check one)

to DUST DEVIL SOFTBALL LITTLE LEAGUE, to use photographs and video taken of the above listed minor during the games and events associated with DUST DEVIL SOFTBALL LITTLE LEAGUE in any manner to help promote the league activities. Such use could include publications, media releases, public announcements, electronic or otherwise, and on league websites or social media pages. I agree that neither I, nor the above listed minor, will receive any compensation if such image appears not receive any compensation if such image appears in any of the manners listed above or other manner that the league deems appropriate. I agree that such image is the property of DUST DEVIL SOFTBALL LITTLE LEAGUE.

(Parent/Guardian Signature)

(Date)