

Williamsport Area Swim Club

Swimmer Photo Release Form

Swimmer Last Name: (please print) _____ First Name: _____

Date: _____

This form is requested for all swimmers who may be photographed or filmed during all activities (practices, meets, team events, etc.) of the Williamsport Area Swim Club. Appropriate signatures on this form will allow the swimmer's photograph, voice, and/or image to be used by the Swim Club in connection with its promotional materials. The consent to the use of swimmer images is intended to extend only to the Williamsport Area Swim Club, and not to be assigned to any other entity without the consent of the swimmer or swimmer's parent/guardian.

I hereby consent that the photograph, voice or image of the above swimmer may be used by the Williamsport Area Swim Club for publication, display and/or broadcast as set forth above. This consent shall include, but shall not be limited to, team websites, local newspapers, and local television stations.

Please place an X on the appropriate line:

_____ Yes, I consent. _____ No, I do not consent.

Signature of Swimmer: _____ Age of Swimmer: _____

*Signature of Parent/Guardian (if swimmer is under 18) _____