



strathroy-caradoc minor soccer PHOTO RELEASE CONSENT FORM

I _____, (parent/guardian name) **allow** Strathroy-Caradoc Minor Soccer Association, to use my child _____ 's (child's name) photos, videos, or statements in any media, such as flyers, brochures, website, or social media in any way that will benefit in the Association's interest.

Or

I _____, (parent/guardian name) **do not allow** Strathroy-Caradoc Minor Soccer Association, to use my child _____ 's (child's name) photos, videos, or statements in any media, such as flyers, brochures, website, or social media in any way that will benefit in the Association's interest.

Comments, Questions or Concerns:

Signature Of Parent / Guardian

Date:



Office Use Only