

MEDIA CONSENT AND RELEASE FORM

THIS FORM TO BE SIGNED BY PARENTS/LEGAL GUARDIANS OF MINOR CHILDREN,
PLEASE READ CAREFULLY

Date: ____/____/____

Participant Name: _____ Date of Birth: ____/____/____
(Print Name)

Parent/Guardian's Name: _____ Phone: _____
(Print Name)

Address: _____

I, as the parent or legal guardian of _____, hereby **GIVE** permission for
Volleyball Reset Inc.; including trainers and staff to photograph and record my child for use in
electronic, digital, and printed media for Volleyball Reset marketing purposes only.

**By signing below, I certify that I have read the Media Consent and Release Form statement above,
and fully understand its terms and conditions.**

Parent/Guardian Signature: _____

Date Signed: ____/____/____