

Top Caliber Volleyball Club, Inc.

Photo Consent / Release Form

I, (print name) _____ parent or official guardian of (child's name) _____ hereby grant permission to Top Caliber Volleyball Club representatives, to take and use: photographs and/or digital images of of my child for use in new releases and/or promotional materials for TCVC. Promotional materials include but are not limited to: printed publications, electronic publications, or website advertisement. I agree that my child's name and identity: may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be the property of Top Caliber Volleyball Club for the duration of the club's existence.

(Signature of Parent / Guardian)

(Date)

Top Caliber Volleyball Club



