

PERMISSION TO PHOTOGRAPH/ PHOTO RELEASE

I GIVE MY PERMISSION FOR MY CHILD _____

To be photographed, videotaped, or filmed in any Cumming Waves Swim Team activities.

Such photographs/videos/films/podcast may be used by the club for publicity or educational purposes.

I hereby give my permission to the Cumming Waves Swim Team to use my swimmer's picture and/or name in publicity for the club's Website and newspaper articles.

YES _____ NO _____

Swimmer's Name: _____

Signed: _____

Print Name: _____

Date: _____

CUMMING WAVES SWIM TEAM
Cummingwaves.net

