



## RLWC Photo Release Form for Minors

The RICK LARSEN WRESTLING CLUB has my permission to use my or my child's photograph publicly to promote the club. I understand that the images may be used in print publications, online publications, presentations, websites and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/ Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian name: \_\_\_\_\_

Child's name(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_