

Photo Release Form

Carolina Crush Lacrosse

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I grant to [Carolina Crush Lacrosse], the right to take photographs of me and my family in connection with any lacrosse clinic, academy or tournament attended on our behalf. I authorize [Carolina Crush Lacrosse], its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that [Carolina Crush Lacrosse] may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Address _____

Date _____

Signature, parent or guardian _____
(if under age 18)

Please sign and return with your registration form.