

Photography/ Videotape Permission

Child's Name: _____

I give consent for IVYSL to photography/videotape my child for any or all of the following:

- Photographs during any IVYSL Activity (including games, practices, clinics, etc) Yes No
- Possible Newspaper Release Yes No
- Videotaping of IVYSL activity (including games, practices, clinics, etc) Yes No
- Share photos/videos on website and social media Yes No

Parent/Guradian Signature

Date



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