

Photo & Social Media

RELEASE AND WAIVER

PLEASE SIGN, DATE AND CIRCLE YES OR NO FOR CONSENT

ATHLETE NAME _____

DIVISION _____ TEAM NAME _____

PARENT/ GUARDIAN NAME _____

SOCIAL MEDIA & WEBSITE

the parent or guardian of the above listed minor, hereby give my permission to

Vacaville National Little League (Local League), to use photographs, voice recordings, or video taken of the above listed minor during the games and events associated with Local League in any manner to help promote the league activities as determined in the sole discretion of the Local League. Such use could include publications, media releases, public announcements, electronic or otherwise, and on league websites or social media pages.



YES _____

NO _____

PARENT/ GUARDIAN SIGNATURE & DATE



I understand and agree that neither I nor my child/ward will receive any compensation if such image appears in any of the manners listed above or any other manner that the league deems appropriate. I agree that such image is the property of Local League.

YES _____

NO _____

PARENT/ GUARDIAN SIGNATURE & DATE

GAME CHANGER

I UNDERSTAND THAT MY ATHLETE
MAY BE LIVE STREAMED ONLY FOR
GAMES USING THE GAME CHANGER
APP



YES _____

NO _____

PARENT/ GUARDIAN SIGNATURE & DATE