



WESTPORT SOCCER ASSOCIATION ("WSA")

PHOTO RELEASE WAIVER

I hereby consent to the publication and use of my child's Likeness ("Likeness") for promotion, publicity, marketing, and advertising, or other manner or media by WSA or any other representative authorized to act on behalf of the afore-mentioned entity. Likeness shall include, but not be limited to, photographs, sound or audio recordings, films, broadcasts, podcasts, brochures, publications, reports, web pages, promotional materials or any other audio-visual, electronic, printed, tangible work in any media or format, now known or hereafter to become known, or reproduction of any of these. I agree that the actual material involved is and shall continue to be the property of WSA and that neither I nor my child, shall have any right of review or approval regarding the use of my child's name or Likeness in such material.

I hereby release and hold harmless WSA along with their respective board, directors, employees, contractors, coaches, volunteers, agents, affiliates, sponsors, or other representatives from any claims, demands, or causes of action arising out of the use of my child's name or Likeness, under the terms of this release. I understand and agree that my child nor I will be compensated in any way for the use of my child's name or Likeness by WSA.

SIGNATURE LINE

I have read the WSA Photo Release Waiver and fully understand its content.

_____ OPT-IN (I consent)

_____ OPT-OUT (I do not consent)

Child's Name: _____ Age: _____

Parent/Legal Guardian Signature: _____

Parent/Legal Guardian Printed Name: _____

Date: _____

Email signed copy to: registrar@westportsoccer.org