



MEDIA CONSENT AND RELEASE FORM

I hereby _____ **GRANT** or _____ **DENY** (*please check one*) consent to Baystars FC (hereinafter "Baystars") to take and use images (photographs or videotape) or sounds recordings of me (or my child if the Baystars player is a minor) and to disclose limited information such as player's age, years of play, player's position, etc. about me/my child to or in any public media, including radio, television, internet or print, or in a affiliated publication. I understand that the intended use of such images and information is for advertising, marketing, fundraising or promotional purposes of Baystars. I hereby waive the right to or interest in the images or the confidentiality of the information disclosed to the public, as contemplated in this release.

I acknowledge that this consent to use images and authorization for release of information is being made solely for the benefit of Baystars and without any expectation of compensation or other benefit to me/my child. To the extent that any benefit accrues or might accrue to Baystars from the use of images or disclosure of information, I hereby and forever waive any interest in or claim to such benefits.

I hereby release and forever discharge Baystars (including without limitation all corporate affiliates and officers, directors, trustees, employees, medical staff members and agents) from any and all claims, liability, actions, suits, demands, costs, expenses or indebtedness arising out of, related to, or in any way connected with the use of images or disclosure of the information and materials described herein, and I hereby waive all rights and interest in and to such information and materials.

I have been informed that this authorization is voluntary and is subject to revocation at any time, except to the extent that action has been taken in reliance thereon, by notifying Baystars in writing at: Baystars FC P.O. Box 540, Gloucester, VA 23061.

Name of Player: _____ **Jersey #:** _____ **Age:** _____

Spring 2017 Team: _____ **Instagram ID (optional)** _____

Player's Phone # (Optional if player is a minor): _____

PARENT/GUARDIAN'S CONTACT INFORMATION (If player is a minor)

Parent/Guardian's Name: _____ **Phone:** _____

Mailing Address: _____
(This will be kept confidential)

Signature of Player (if 18 or older)

Date

Signature of Parent/Guardian (If player is a minor)

Date

Printed name of Parent/Guardian