

WEST SIDE

LITTLE LEAGUE

MEDIA RELEASE FORM

I _____
(Name)

of _____
(Address)

The parent/guardian of the minor(s) listed below; hereby give permission to West Side Little League and Little League Baseball, Incorporated, to use photographs of my child(ren) taken during games or on team picture day, in any publication, media release or promotional announcement, electronic or otherwise. I understand that I will not receive any compensation if such image appears in such publication, media release or promotional announcement, electronic or otherwise. I agree that such image is the property of West Side Little League and Little League Baseball, Incorporated. I understand that West Side Little League and Little League Baseball, Incorporated, will not supply this image for use in any commercial venture or advertisement not published/produced for/by Little League Baseball without my permission, unless such publication or production is by a Corporate Sponsor of Little League Baseball, and only if the publication or production is directly related to and in support of Little League Baseball.

(Signature)

(Date)

Child Name

League/Team
