



Photo Release Form – Adult

I grant permission to use my photograph in print or online materials designed for news, informational, or educational purposed related to Wesburn Youth Soccer Club. I release all claims against WYSC with respect to copyright ownership and publication including any claim for compensation related to the use of the material.

Print Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Other Phone _____

Signature _____ Date _____

Photo Release Form – Child (under the age of 18)

I grant permission to use photographs of my minor child in print or online materials designed for news, informational, or educational purposed related to Wesburn Youth Soccer Club. I release all claims against WYSC with respect to copyright ownership and publication including any claim for compensation related to the use of the material.

Child's Name _____

Print Parent or guardian name _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Other Phone _____

Signature _____ Date _____