



Photo Release Form for Minors (if under 18)

The Lincoln Girls Softball Association has my permission to use my or my child's photograph publically to promote the Lincoln Girls Softball Association. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Signature:

_____ Date _____

Parent/Guardian's Name:

Child's Name:

Phone Number:

Photo Release Form for Adults

The Lincoln Girls Softball Association has my permission to use my photograph publicly to promote the Lincoln Girls Softball Association. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Signature:

_____ Date _____

Name:

Phone Number:
