



SOUTH LAKE POP WARNER EAGLES
PHOTO/VIDEO RELEASE FORM

I, _____, as parent or legal guardian of

_____, a child participant in South Lake Pop Warner Eagles Football & Cheer, hereby give National Pop Warner Little Scholars, Mid Florida Pop Warner and South Lake Pop Warner Eagles my consent and permission to record said child's participation and appearance on video tape, audio tape, film, photograph, or any other medium. I further grant permission to use my child's name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation. I expressly agree to allow the use of said media in all forms without any royalties, commissions or other remuneration due to me or any other party, or parties associated with this production.

Date

Parent/Guardian Signature

Participant's Name (Print)

Parent/Guardian Name (Print)

Witness