

Photo / Image Release Waiver

Form # 400-787

Rev. Date 08/17

I, _____ parent/guardian name,
(Please print)
irrevocably consent to give full authorization to Youth Shooting Sports Association the
right and permission to use my son's/daughter's photograph(s) in its promotional
materials and publicity efforts.

I understand that the photograph(s) may be used in publications, print ads, and
electronic media (e.g., video, CD-ROM, Internet, World Wide Web, etc.) or other forms
of promotion. I release the Youth Shooting Sports Association, photographer(s) their
officers, employees, agents and designees from liability for any violation of any personal
or proprietary right I may have in connection with such use.

Name of Minor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Signature of Parent/Guardian: _____

Date: _____

Email: _____