

# 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: \_\_\_\_\_