**Photo Release Form**

**All For Kids Renegades AAU Basketball**

**Permission to Use Photograph**

I grant to All For Kids Renegades AAU, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize All For Kids Renegades AAU, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that All For Kids Renegades AAU, may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Player Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name: \_*All For Kids Renegades AAU Basketball*\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_