TRISTATE ELITE
MEDIA RELEASE FORM - MINOR

Association Name: _____

Participant Information

Participant Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Team/Division: _____ Age: _____

Authorization and Consent

I, the undersigned parent/guardian, hereby grant permission to the cheerleading program and its authorized repeesentatives to photograph, video record, and/or otherwise capture the likeness of the above-named participant during practices, competitions, performances, and related events. I consent to the use of these images and recordings for promotional, educational, and informational purposes including but not limited to social media, websites, newsletters, and print materials. I waive any right to compensation or approval of the finished product. I understand I may revoke this consent in writing at any time.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____