



MEDIA/PHOTOGRAPHY WAIVER

By signing this waiver, I understand that I or my child may be photographed or videotaped at any Triple Ace Volleyball Club event (tryouts, practice or competition) at Trinity High School and/or any tournament site. I give permission for photographs and videotapes of my child/me to be used to promote Triple Ace Volleyball Club through press releases, brochures, the web site(s) and other promotional materials. Such photographs and videotapes will remain the property of Triple Ace Volleyball Club.

I agree a facsimile, photocopy or email copy shall have the same legal effect as an original form signature.

Athletes Name

Parents Name

Parents Signature or (Participants Signature if over 18)

Date
