



PHOTOGRAPHIC CONSENT AND RELEASE FORM

Participants Name: _____ Franchise: _____

I hereby authorize Fort Bend Youth Football League, its franchise and those acting in pursuant to its authority to:

- (a) Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium.
- (b) Use my name in connection with these recordings.
- (c) Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet/WWW) these recordings for any purpose that the University, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I release Fort Bend Youth Football League and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the Fort Bend Youth Football League and/or any of its franchises. I have read and fully understand the terms of this release.

Name: _____

Phone: _____

E-mail: _____

Signature: _____ Date: _____

Parent/Guardian Signature