



Cheer Passion Allstar cheer program

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

PHOTO RELEASE FORM

Cheerleader's name:

\_\_\_\_\_

We, \_\_\_\_\_ (parent/guardian names) of \_\_\_\_\_ (minor's name), hereby give Cheer Passion the right and permission to publish photographs taken at all organizational events (ie, clinics, practices, parties, competitions, and so on).

These photographs may be used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, or in other similar ways.

Parent Signature(s):

\_\_\_\_\_

Parent's Name (please print):

\_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Primary contact can be contacted at (circle one):

Work or Home

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_