

Upper Perk YMCA Swimming Release Form for Minor Media Publication

I, the undersigned, do hereby grant or deny permission to Upper Perkiomen Valley YMCA Summer Swim Team to use the image of my child,

_____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Upper Perkiomen Valley YMCA Summer Swim Team's Web site. I understand that the Upper Perkiomen Valley YMCA Summer Swim Team is not responsible for any outcome of the media that I, the undersigned, release, of my child, for publication. I understand that this document works as my legal release of any rights to the photos that I may have.

Deny permission to use my child's image at all.

Grant permission to use my child's image in the following ways (mark all that apply):

Limited usage: I want my child's image used within the Upper Perkiomen Valley YMCA Summer Swim Team setting only (not in the larger community).

Limited usage: I want my child's image used for educational materials only (not marketing). This could be either within Upper Perkiomen Valley YMCA Summer Swim Team or in the larger community. One example of this could be videos in parent education classes.

Limited usage: I want my child's image used on printed materials only (no digital or video use).

Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Upper Perkiomen Valley YMCA Summer Swim Team for a variety of purposes and that these images may be used without further notifying me. I do understand that my last name will may be used in conjunction with any video or digital images.

Request to View: I would like to be given 10 days to view the media before publication.

Parent/guardian signature _____ Date _____

Swimmer Signature (if 18 yrs old) _____ Date _____

A copy of this form will be given to you for your records upon request.

I WOULD like a copy of this form.

I WOULD NOT like a copy of this form.

Upper Perkiomen Valley YMCA Summer Swim Team
Pennsburg Shopping Center
476 Pottstown Avenue
Pennsburg, PA 18073
FAX: (215) 679-8009

This form is valid for only 1 year after the above signed date. Media that was published will not be removed until a new form is completed.

ALONG WITH THIS FORM, A LOCAL YMCA MEDIA RELEASE FORM MUST BE COMPLETED.