



**2023 ALL ABILITIES PROGRAM
PHOTO RELEASE FORM**

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Photography Release for Minor Child or Children

I hereby authorize the Vaughan Soccer Club Inc., hereafter referred to as "Company," to publish photographs taken on June 12, 19, 26 & July 10, 17, 24 & August 7, 2023 of myself and/or the minor child or children listed below, and our names and likenesses, for use in the Vaughan Soccer Club Inc.'s print, online and video-based marketing materials, as well as other Company publications.

I hereby release and hold harmless the Vaughan Soccer Club Inc. from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize the Vaughan Soccer Club Inc. to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, nor minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release the Vaughan Soccer Club Inc., its contractors, its employees and any third parties involved in the creation or publication of Company publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Authorization:

Parent/Guardian Name: _____
(PLEASE PRINT)

Parent/Guardian Signature: _____ Date: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Relationship to Children: _____

Name(s) and Date of Birth of Minor Children:

Name: _____ D.O.B: ____/____/____
MM / DD / YY

Name: _____ D.O.B: ____/____/____
MM / DD / YY

Name: _____ D.O.B: ____/____/____
MM / DD / YY