

Photo Release for Players

I hereby grant to **Twin Cities Minor Tackle Football Association** and to its employees, volunteers and assigns the right to photograph my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

Player's Name: _____

Division: _____ D.O.B.: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: (____) _____

Email Address: _____

IF PLAYER IS UNDER THE AGE OF 18:

I certify that I am a custodial parent and have the aforementioned rights to assign.

Print Name of Parent or Guardian: _____

Address: _____

City: _____ Postal Code: _____

Signature: _____ Date: _____

IF PLAYER IS 18 OR OVER:

Player's Signature: _____ Date: _____