



Athletic Association

**PRESS RELEASE
PERMISSION FOR PROFESSIONAL USE OF PHOTOGRAPHS**

I, _____, consent that photographs of my child may be taken

(Parent name)

and / or used by First State Gymnastics Athletics Association . I understand that these photographs will only be used in conjunction with press release information, and marketing materials related to First State Gymnastics Athletics Association events and may be included in news paper articles, brochures, billboards, public service announcements, or website.

I also understand that confidentiality will be protected and the use of these photographs outside the above stated purposes will not occur without further explanation and written agreement.

This authorization may be revoked at any time by writing to First State Gymnastics Athletics Association.

Child Name (Printed): _____

Team level: _____

Parent (s) Signature: _____ Date _____

Telephone: _____

Address: _____

First State Gymnastics Representative:

Signature: _____ **Date** _____

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