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PRESS RELEASE PERMISSION FOR PROFESSIONAL USE OF PHOTOGRAPHS

I, _____, consent that photographs of my child may be taken and/or used by First State Gymnastics. I understand that these photographs will only be used in conjunction with press release information and marketing materials relating to First State Gymnastics events, including but not limited to newspaper articles, brochures, billboards, public service announcements, or related internet websites. I also understand that my confidentiality will be protected and that the use of these photographs beyond the aforementioned purposes will not occur without further explanation and written agreement. This authorization may be revoked at any time by submitting a written request to First State Gymnastics.

Child Name (printed): _____

Team Level, Class, or FSG-related Event: _____

Parent/Guardian Signature: _____

Date: _____ Telephone: _____