

Media Release Form



I, the undersigned, do hereby consent and agree that Gymnastics 4 U, its employees, or agents have the right to take photographs, videotape, or digital recordings of my child and/or me for the duration of their involvement with Gymnastics 4 U; its activities, classes and competitive teams. I further consent that my child's name and/or my name and identity may be revealed therein or by descriptive text or commentary and their name may also be used to associate them with their specific team program. I understand this will be limited to their first name and may include the first letter of their last name to distinguish the difference between those that have the same first name.

I do hereby release to Gymnastics 4 U, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I also understand that Gymnastics 4 U is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: _____ Date: _____

Child's Name: _____

Address: _____

Phone: _____

Relation to Child: _____

Signature: _____