EBA ADVERTISING/PHOTOGRAPHY RELEASE OR OPT OUT FORM

_____ _____ _____

Swimmer's Name **Age** **Date of Birth**

Parent's Name _____**Home Phone** _____

Cell Phone:_____ **Email:** _____

Address _____

ADVERTISING/PHOTOGRAPHY RELEASE

I hereby grant East Bay Aquatics Association permission to interview my child and /or members of my family and/or to use our likeness in photographs(s)/video in any and all of its publications and in any all other media, whether now known or hereafter existing, controlled by East Bay Aquatic Associations, in perpetuity, and for other use by East Bay Aquatics Association. I will make no monetary or other claim against East Bay Aquatics Association for the use of the interview and/or the photograph(s)/video.

_____ _____ _____

Signature Relationship to Swimmer Date

ADVERTISING/PHOTOGRAPHY OPT OUT

I hereby opt out and decline East Bay Aquatics Association to interview my child and /or members of my family and/or to use our likeness in photographs(s)/video in any and all of its publications and in any all other media.

_____ _____ _____

Signature Relationship to Swimmer Date