

Media Release Form

As part of the St. Augustine Swim Team communication process, the team maintains a web site and periodically prints newsletters and statistics or provides information to news organizations. This form documents how you want your swimmer's information handled.

Please read and sign below. Indicate YES or NO where appropriate:

1. I hereby authorize the use of still photographs taken at swim meets or other swim team functions. I recognize these photos may be posted on the team website, Facebook, or other social media outlet or used by news media in covering swimming events.

Yes or No

2. I understand that no personal demographic information will be posted on the team web site in conjunction with these photos.

Yes or No

3. I hereby grant permission to post swimming-related statistics and information on the team website, the team newsletter and/or to provide this information to the news media.

Yes or No

4. I understand that neither my swimmer nor I will receive payment or other compensation for the use of such photos or statistics.

Yes or No

5. I understand that information listed on the LSC or USA Swimming web site regarding my child is not posted by the club.

Yes or No

6. I authorize the Swim Club, LSC, and USA Swimming to use our contact information in a club roster.

Yes or No

7. I hereby release the Swim Club, the LSC or USA Swimming from any and all liability in connection with the above said uses and purposes.

Yes or No

Swimmer's Name _____

Parent/Guardian Name _____

Parent/Guardian Signature _____