

Skater Legal Name _____

Skater Derby Name/Number _____



Rochester Area Junior Roller Derby Photo/Video Release

I _____, Parent or legal guardian of _____ hereby give written consent for the use of videos or Photographs of myself or my child in connection with any Rochester Area Junior Roller Derby events. Additionally, I hereby grant to you, your successor, assigns and licensees the perpetual right to use, as you may desire, all motion pictures and sound track recordings which you may make of me or my child, and the right to use my name and/or child's name or likeness in or in connection with the exhibition or any other use of such video or recording.

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Signature of Parent/
LegalGuardian: _____ Date ____/____/____

Print Name: _____

-OR-

As the Parent/Guardian **I DO NOT** give consent to Rochester Area Junior Roller Derby to utilize (initial applicable lines)

_____ pictures

_____ videos

_____ identification by derby name/pseudonym

of my child _____ as listed in the above mentioned photography policy.

Signature of Parent
/LegalGuardian: _____ Date ____/____/____

Print Name: _____