

# Appleton Legion Baseball Media Release Form



Appleton Legion Baseball Inc. would like to encourage the promotion of our activities through different media types. In order to include your player in such opportunities, we need your permission.

As legal guardian of \_\_\_\_\_ I (check one)  
 \_\_\_\_\_ Players first and last name

\_\_\_\_\_ GIVE my consent

\_\_\_\_\_ DO NOT give my consent

for my child to be photographed, videotaped, or "tagged" in a photo while participating in baseball activities which may appear on our teams Facebook page and/or website.

I understand that the photos or videos would be used to promote achievements of the team and program, or to share information of Appleton Legion Baseball Inc. with the public.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Relationship to Player

\_\_\_\_\_  
 Date

*This signed form will be valid and remain on file as long as your child is participating in Appleton Legion Baseball, Inc. You may opt out at any time.*