



Photo Release Form:

I hereby grant to San Diego Soldiers, its representatives and employees and other parents of children in the program, the right to take photographs and / or videos of my child for the purposes of promoting the San Diego Soldiers basketball program. I agree that San Diego Soldiers may use images of my child, with or without my child's name added, electronically or in print for any lawful purpose including for example such purposes as publicity, website content and social media.

Player Name: _____ Date: _____

Player Signature: _____

Parent/Guardian Name: _____ Date: _____

Parent / Guardian Signature: _____