

Hauppauge Athletic Association - Photo Release

I hereby authorize the Hauppauge Athletic Association to publish the photographs taken of me and/or my minor children, and our names, for use in the Hauppauge Athletic Association printed publications and it's website.

I release the Hauppauge Athletic Association from any expectation of confidentiality for myself and any of my minor children and attest that I am the parent or legal guardian of said minor children, and that I have the authority to authorize the Hauppauge Athletic Association to use their photographs and names.

I acknowledge that participation in publications and websites produced by the Hauppauge Athletic Association is voluntary, and that neither my minor children nor I will receive any financial compensation for the use of my/our photographs or names.

I further agree that participation in any publication and website produced by Hauppauge Athletic Association, its contractors, agents, or employees confers no rights of ownership whatsoever to me or my minor children. I release the Hauppauge Athletic Association, it's contractors, agents, directors, and employees from liability for any claims by me or any third party in connection with participation by me or my minor children.

Swimmer Name _____ District _____ DOB _____

Parent Name _____ Parent Signature _____

Relation To Swimmer _____ Date _____ Phone _____