Findlay Silver Blades
Figure Skating Club
FINDLAY, OHIO

PHOTOGRAPH/VIDEO RELEASE

_____ _____

Print Full Name of Skater/Individual **Date of Birth**

Please select **one**:

☐ I hereby **DO** grant consent to:

- Authorize Findlay Silver Blades Figure Skating Club and its representatives the right to take photographs and/or video of me, my property, and the designated skater/individual.
- Authorize Findlay Silver Blades Figure Skating Club, its assigns and transferees to copyright, use, and publish the same in print and/or electronically.
- Agree that Findlay Silver Blades Figure Skating Club may use such photographs and/or video of me, my property, and this skater/individual with or without our name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

☐ I hereby **DO NOT** grant consent to:

- Authorize Findlay Silver Blades Figure Skating Club and its representatives the right to take photographs and/or video of me, my property and the designated skater/individual ***AND*** understand this skater/individual **will not** be included in photos and videos of any Findlay Silver Blades event included but not limited to:
  - Class/Group Practice/Instruction
  - Ice Classic Show
  - Competition
  - Performance
  - Social Activities

By signing this form, I acknowledge and agree that this Photograph/Video Release supersedes and replaces any previously signed or dated photo/video release, consent, or designation. This form shall serve as the current and controlling authorization unless subsequently amended or revoked in writing.

_____

Signature of Skater/Individual (Age 18+) or Parent/Guardian

_____

Print Full Name of Skater/Individual (Age 18+) or Parent/Guardian

_____

Date