

# Lancer Wrestling Club



## Photograph Release / Denial Form

Unless I return this form by November 30, I understand that I authorize the release of my child's photograph for inclusion in Lancer Wrestling Club publications that include, but are not limited to club brochures, newsletter and website. I understand and acknowledge that my child or I will not receive any compensation for the publication of said photograph.

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*Check the appropriate box and sign below **ONLY if you do not** want your child's photograph to appear in a Lancer Wrestling Club publication*

I request that my child's photograph not be released in any Lancer Wrestling Club publication.

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Print Child's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number