



Photo/Video Release Form

I, Parent of **(please print name(s))** ,

grant permission to Shelton Axemen Wrestling and its agents, to irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me, my children listed above, for the purpose of publication, promotion, or advertising in any manner or in any medium to help with the fundraising and educational sharing of the Shelton Wrestling Program.

I hereby release Shelton Axemen Wrestling and its legal representatives for all claims and liability relating to said images or video. I waive my right to any compensation for the sharing of myself or my child/children(s) images or video.

I acknowledge that I am

{ } over the age of 18

{ } the legal guardian of the following

If legal guardian of the above named, please list name(s) here:

Name(s): _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____

Phone: _____