TEAMGOLDUSA MEDIA & PHOTOGRAPHY CONSENT

spirit through photos, videos, and stories on our website, social media, and printed materials. This form allows you to indicate your preferences.	
Athlete Information Athlete Name:	Date
of Birth:	
Consent Options (select ONE) ■ FULL CONSENT I give use photos and videos of my child in connection with tear events) and to publish them on: • TEAMGOLDUSA webs Printed materials (flyers, brochures, awards, slideshows) Identifying information may include first name, last initial, achievements.	m activities (practices, meets, team ite and official social media accounts • • Local media (with team approval)
■ LIMITED CONSENT I give permission for TEAMGOLD conditions: (Describe limits, e.g., "group photos only," "no	·
■ NO CONSENT I do not give permission for TEAMGOL public materials. The team will make reasonable efforts to my child in publications and online.	· · · · · · · · · · · · · · · · · · ·
Notes or Special Instructions:	
Parent/Guardian Acknowledgment I understand that: • TE photos taken by other parents or spectators. • I may update contacting the club in writing. • Reasonable efforts will be future publications.	ate or change my preferences by
Parent/Guardian Name (print): Dat	Signature:

TEAMGOLDUSA MEDIA & PHOTOGRAPHY CONSENT TEAMGOLDUSA celebrates athlete achievements and te