



WARRIORS VOLLEYBALL CLUB

MEDIA CONSENT FORM

I, _____ (parent/guardian) grant permission to Warriors Volleyball Club for the use of photographs, video and/or electronic media images in any presentation of any and all kind for the player listed below. I understand that I may revoke this authorization at any time by notifying Warriors Volleyball Club in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after destroyed or archived.

Player's name _____

Parent/guardian signature _____