

**LAKE BRANTLEY YOUTH FOOTBALL ASSOCIATION
POP WARNER LITTLE SCHOLARS**

PHOTO AUTHORIZATION FORM

I, parent/guardian (print name) _____ of LBYFA

Participant (print name) _____,

- GIVE** my permission for my child to be photographed by program personnel, volunteers, artwork, videos, or other promotional materials produced, that may be used to promote or represent Lake Brantley Youth Football Association and Pop Warner. I understand that circulation of the materials could be worldwide and that there will be no compensation to me for the use.

- DO NOT GIVE** my permission for my child to be photographed by program personnel, volunteers or approved visitors, nor do I agree to allow his/her image to be used for any form of display or distribution.

I acknowledge that this form will serve as a legal document of my agreement of my decision concerning this matter with this Association.

Signature of Parent or Guardian

Date

Witness or Association Representative

Date