

Lady Magic Media Release Form

Date: _____

We invite (print player's full name here):
Please read and initial each paragraph, and then sign below. Draw a single line through anything you do not authorize.
I hereby grant Lady Magic Girls' Softball permission to record in a photograph and/or video tape 's likeness and/or voice.
I hereby grant Lady Magic Softball permission to release 's name and softball related statistics to valid third party sources including, but not limited to, local media and college coaches.
I hereby release Lady Magic Softball and the team coaches from any and all claims in the usage of 's likeness, voice, name, and softball related statistics as incorporated and edited into material including, but not limited to, web sites, digital media, announcements, video tapes, books, and pamphlets.
Parent/Legal Guardian Name (print):
Child's Name (first middle last) Player's DOB
Parent/Guardian Address
Parent/Guardian Signature
Relationship to Player

NOTE: This permission and release is valid, as evidenced by your signature hereon, for a period of one (1) year from the date stated herein, unless rescinded in writing by you and delivered to Lady Magic Girls' Softball prior to the expiration of the one year period.