

**Photo Release Form**

Apple Valley Gymnastics  
230 S. Columbia St., Suite 3  
Wenatchee, WA 98801

Permission to Use Photograph

Event or class: \_\_\_\_\_

Location of photographing: \_\_\_\_\_

I grant to Apple Valley Gymnastics, the right to take photographs of me and my family in connection with the above-identified event. I authorize Apple Valley Gymnastics, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Apple Valley Gymnastics may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name of child \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_  
(if under age 18)