

Chelmsford Swim & Tennis Club

Model Release Form

Date: _____

I acknowledge and consent to the use of my/my child(ren)'s photographic/video image/footage in any and all publication, videos, and web pages created by Chelmsford Swim & Tennis Club. I waive any rights to compensation in any form. Chelmsford Swim & Tennis Club is not required to obtain my permission to reuse or republish any photographic/video image/footage in the future.

Signature of Model(s)/or if Model(s) is/are under 18 years of age, signature of parent or guardian

PLEASE PRINT

NAME(S) OF ALL FAMILY MEMBERS, including adults:

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____



NOTE: No names will be used to identify the people in the photographs.