

LTAA Photo Release Form

Lehigh Township Athletic Association (LTAA)
Treichlers, PA 18086

Permission to Use Photograph

Subject: LTAA Affiliated Sports

Location: _____

I grant to LTAA, its representatives and members the right to take photographs of me and my property in connection with the above-identified subject. I authorize LTAA, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that LTAA 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 _____

Organization Name (if applicable) _____

Address _____

Date _____

Signature, parent or guardian _____
(if under age 18)