



Jupiter Volleyball Club
Photo/Video Release

Printed Name of Parent/Guardian

Player Name: _____

I _____ hereby give authorization to Jupiter Volleyball Club (JVC Elite) to permit my child to be photographed, filmed, or videotaped for promotional purposes for the volleyball season. I further authorize the use of such materials on the JVC website. I do hereby release and waive all claims, demands or objections against the above named club in connection with or arising out of the photographing or videotaping of my child.

Parent/Guardian Signature

Date