



LIGHTNING SPIKES TRACK CLUB Photo/Media Release Form

By signing below, I, _____, parent or legal guardian of _____ (minor child/athlete) understand and agree that the Lightning Spikes Track Club (LSTC) has my permission to take and use my child's track and field/club photographs, digital images, and video images for official Club purposes such as, but not limited to media press releases and the club newsletter. Furthermore, I understand that by signing below I consent to the organization's right to publish photographs depicting the minor athlete/child named above engaged in field and track events of the Lightning Spikes Track Club, whether as an active participant or as an observer, on the official Lightning Spikes Track Club website found at the web address: www.lightningspikes.com.

I have fully read and considered all of the terms and statements contained in this release before affixing my signature.

EXECUTED this _____ day of _____, 20_____.

Parent or Legal Guardian Signature