

ROSA PHOTO & MEDIA RELEASE FORM

Rogers Otsego Softball Association

www.rogersotsegosoftball.org

Email: rosa2020@rogersotsegosa.org

PLAYER & PARENT/GUARDIAN INFORMATION

Player's Name: _____

Team: _____ Age Division: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

PURPOSE

ROSA frequently captures photos and video during games, practices, and events to highlight our athletes, promote our programs, and celebrate our community. This media may appear on our website, social media platforms, printed materials, or local news outlets.

CONSENT

By signing this release, you grant the Rogers Otsego Softball Association (ROSA) permission to use photos, video, and other media of your child in any and all of its publications, including social media, promotional materials, and press releases, without payment or any other consideration.

You also understand and agree that these materials become the property of ROSA and may be used for future promotional efforts. ROSA will never tag or identify children by full name unless explicitly approved in advance.

OPT-OUT OPTION

If you do NOT wish to have your child's image used in any media, please check the box below:

I DO NOT give permission for ROSA to use photos or video of my child for promotional purposes.

We respect your choice. If this box is checked, ROSA will make reasonable efforts to exclude your child from public-facing media.

RELEASE & SIGNATURE

I have read and understand the above. I release ROSA, its officers, volunteers, and assigns from any claims related to the use of the above-described media. I am the parent/legal guardian of the minor named above and have the legal authority to grant this consent.

Signature of Parent/Guardian: _____

Date: _____