



OURAY COUNTY SOCCER CLUB

Photography & Media Release Authorization Form

Season / Year: _____

Date Submitted: _____

SECTION 1 — PLAYER INFORMATION

Player's Full Name _____

Date of Birth _____

Team / Age Group _____

Coach's Name _____

SECTION 2 — PARENT / GUARDIAN INFORMATION

Parent / Guardian Full Name _____

Relationship to Player _____

Phone Number _____

Email Address _____

SECTION 3 — PURPOSE OF MEDIA USE

Ouray County Soccer Club may photograph and/or record video during practices, games, tournaments, and club events. This media may be used for:

- Club website and online content
- Printed flyers, brochures, and posters
- Newsletters and email communications
- Social media platforms (Facebook, Instagram, X, etc.)
- Sponsorship and fundraising materials
- Local news or press coverage

SECTION 4 — AUTHORIZATION CHOICE (PLEASE SELECT ONE)

☐ OPT IN — I GIVE PERMISSION

I, the parent/guardian named above, grant Ouray County Soccer Club permission to photograph and/or record video of the player named above and to use such media for the purposes listed in Section 3. I understand this authorization is voluntary, non-compensated, and may be used for any purpose.

☐ OPT OUT — I DO NOT GIVE PERMISSION

I do not grant Ouray County Soccer Club permission to photograph, record, or publicly use any image or video in which the player named above appears. I understand the club will make reasonable efforts to honor this request at all events.

SECTION 5 — ADDITIONAL RESTRICTIONS OR NOTES (OPTIONAL)

If you selected Opt In but have specific restrictions (e.g., no full name, specific platforms only), describe them here:

SECTION 6 — SIGNATURE & ACKNOWLEDGMENT

By signing below, I confirm I have read this form, am the legal parent/guardian of the player named above, and my selection above accurately reflects my authorization decision.

Parent / Guardian Signature: _____

Date: _____

Printed Name: _____

Phone / Email: _____