

PHOTO RELEASE FORM

I, _____, the parent/guardian of _____ [Child] grant Dripping Springs Shooting Team and Hog Heaven Sporting Club my permission to use the photographs for use in any publication as they see fit, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Signature: _____ **Date** _____

Parent/Guardian's Name: _____

Child's Name: _____

Phone Number: _____