

Media Release Authorization

I, (print name)	, parent or official
guardian of (child's name)	hereby authorize
DME Sports Academy, to use, reproduce, and/or publish ph	otographs, video, other
digital representations, and/or audio that may pertain to m	y child, including their image,
likeness and/or voice. I understand that this material may b	e used in various
publications, social media, websites, recruitment materials,	or for any lawful purpose
consistent with the mission of DME. I waive any right to insp	pect or approve the finished
product, including written copy, which may be created in co	nnection therewith. I
authorize the use of these images without compensation to	me.
Check option below:	
□ I DO NOT release my child's personally identifiable infor	mation as described above.
☐ I DO release my child's personally identifiable information	on as described above.
Signature:	Date: