



PHOTO/VIDEO OPT OUT FORM

I do not authorize Police Activities League or its officers, volunteers or agents, to use recordings, video, audio, digital, electronic or photographs of my child or myself in whole or part for advertising, media, video, audio, or other marketing purposes. Failure to exercise this option, releases Police Activities League from any and all claims arising out of the use of any of the above mentioned media, or any right that the parent or minor may be assigned.

Name of Participant: _____

Participant Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____ Phone Number: _____ Email: _____



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