



PHOTOGRAPHY RELEASE FORM

I (full name):

parent/guardian of (name of child if applicable):

Grant **Ozone Rink** permission to use any photographs and/or video footage for any legal use including but not limited to publicity, copyright purposes, illustration, advertising, web content, social media, coaching and development.

I understand that no full names will be disclosed alongside or within an article relating to the photo of myself, child or children.

Parent/Guardian Signature:

Date:

Parent/Guardian Name:

Child's Name (if applicable):

Once completed and signed, please email this form back to info@ozonerink.co.uk