



FLORIDA REGISTRATON# CH20470
A COPY OF THE OFFICIAL REGISTRATION AND
FINANCIAL INFORMATION MAY BE OBTAINED
FROM THE DIVISION OF CONSUMER SERVICES
BY CALLING TOLL-FREE (800-435-7352) WITHIN
THE STATE. REGISTRATION DOES NOT IMPLY
ENDORSEMENT, APPROVAL, OR RECOMMEND-
ATION BY THE STATE.

We Teach Kids Sailing!

2017 PROGRAM

PERMISSION SLIP FOR PHOTOGRAPHY, RECORDING, USE OF LIKENESS, IMAGE AND/OR NAME

From time to time during TSS Youth Sailing's activities, we take photos or videos of students, other sailors and participants. We would like your permission to use these on our website, in publications, or other media or purposes in connection with our outreach, publicity, public relations and fundraising efforts. The photographs, videotape, likeness, image or name will be used for the noncommercial purposes listed above or for educational purposes only and may appear in local newspapers, TV programs, internet, brochures or other public media.

Sometimes these photos and videos are distant shots and sometimes, close-ups. We will not identify your child by last name or provide any specific information regarding your child, without consent.

You will not receive any notice or compensation for the use of the photos or videos.

Please note that TSS Youth Sailing cannot control all photography or videography of our events and we cannot control all uses of children's photos or videos. Photos, videos and descriptions may become available for download and distribution via the Internet.

Please let us know your preferences regarding photography.

____ **YES. I GIVE PERMISSION** for my child to be photographed, videotaped, filmed or recorded and **I GIVE PERMISSION** for use of likeness, image or name in the above described manner. **I GRANT PERMISSION** to use photos, videos or other digital reproduction of my child(ren).

____ **NO. I DO NOT PERMIT PHOTOGRAPHY, RECORDING, USE OF LIKENESS, IMAGE AND/OR NAME.**

Child(ren)'s Name(s) (PLEASE PRINT):

I certify that I am a parent or guardian and have the right to grant such permission or refuse it.

Parent/Guardian's Name (PLEASE PRINT):

Parent/Guardian's Signature:

Date: _____