

**Richmond Swims/East Bay Regional Park District
PHOTO CONSENT FORM**

I, _____ grant permission to Richmond Swims (Richmond Sailfish and Richmond Plunge Masters) and East Bay Regional Park District for the use of photograph(s) or electronic media images in any team presentation of any and all kind whatsoever including the team website and Facebook page. I understand that I may revoke this authorization at any time by notifying Richmond Swims and East Bay Regional Park District in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived. Age group swimmers (18 and under) will not have personal or identifying information listed with the photographs as part of our team's child protection policy.

Swimmer Name _____

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

Signature _____ **Date** _____