



## Photo Release

I here by give my permission to the New York State West Youth Soccer Association TOPSoccer program, to use any portrait, picture, photograph, and/or video of my child \_\_\_\_\_, myself or my family, for the sake of publicity for the TOPSoccer program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date