

**Lower Burrell Little League
P.O. Box 2043
Lower Burrell, PA 15068**

Talent Release Form

I hereby assign and grant to the Lower Burrell Little League the right and permission to use and publish the name, photographs/film/video tapes/electronic representations and/or sound recordings made of my child by the Lower Burrell Little League, and I hereby release the Lower Burrell Little League from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/ film/video tapes/electronic representations and/or sound recordings without limitation at the discretion of the Lower Burrell Little League and I specifically waive any right to any compensation I may have for any of the foregoing.

PLEASE PRINT CLEARLY

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Signed: _____

(Parent/Guardian)

(if under the age of 18)

Witness:

Date: _____