



KITSAP ALLIANCE FC

MULTI-MEDIA OPT OUT FORM

Complete and return this form **ONLY** if you do **NOT** give permission for you/your child's photo, audio, or video to appear in possible Kitsap Alliance FC publications and/or publicity, including the website and social media postings. This opt out request is effective for one year of submission. Please be advised that images and videos taken in public spaces and/or at public events do not require authorization for publication.

Multimedia Opt-Out Release Statement

I DO NOT authorize Kitsap Alliance FC, or its officers, employees or agents, to record my photographs or other images or likenesses in the form of audio, video, or any other medium, or to use, reproduce, modify, distribute, or publicly exhibit such recordings, in whole or in part, for any purposes. Further, I do not consent to the use of my name, voice, or biographical material in connection with any such recording.

_____ I further affirm that I have read the above Multimedia Opt-Out Release statement and am familiar with its contents.

_____ I hereby confirm that I am of legal age (18) and have every right to contract my own name as stated above. I further affirm that I have read the above *Multimedia Opt-Out Release Statement* and am familiar with its contents.

Date: _____ Name: _____

Child's Name: _____

Address: _____

Phone: _____ Email: _____

Print Name: _____ Signature: _____