

JUPITER RUGBY CLUB

Name, Image and Voice Consent

I _____, the parent/guardian of _____, acknowledge that my child/ward is a member of the Jupiter Rugby Club, and a participant in Jupiter Rugby Club events. I do hereby give authorization to the Jupiter Rugby Club to photograph and/or videotape my child/ward and further to use his/her name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional and commercial materials, without reservation or limitation.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

STATE OF FLORIDA, COUNTY OF PALM BEACH

Sworn to and subscribed before me this _____ day of _____ of _____.
month year

Stamp



NOTARY PUBLIC; State of Florida at Large My commission expires: _____