

Sunflower Soccer Association
4829 NW 17th Street
Topeka, KS 66618
785-233-9700

_____ Yes, I _____, give permission to Sunflower Soccer
(Parent, guardian, self-advocate name)

Association (SSA) for my child/ward/self _____ to have
(child, ward, self-advocate name)

his/her/my:

_____ Pictures, words, voice or name to be used publicly, be it through videotape, audiotape, web site posting, computer program, publishing article or any other means, including but not limited to, television coverage.

_____ As above, but FIRST NAME ONLY may be publicized (no last name).

_____ As above, but NO NAME may be publicized.

This permission is granted to SSA, only and may not be transferred or assigned by SSA to any other person or entity. This permission may be revoked immediately by the Grantor upon written notice to SSA. This Authorization shall remain in effect until revoked. The authorization may be revoked at any time by execution of another Authorization or by written notice to SSA.

DENIAL OF RELEASE AUTHORIZATION

_____ NO, I do not give my permission for the use of my child/ward/self's picture, words, voice or name to be used publicly, be it through videotapes, audiotapes, web site posting, computer program, published article or any other means, including but not limited to television coverage.

SIGNED:

_____ Person Served Date

_____ Guardian Date

_____ Program Coordinator Date