



**Heat FC/Southern Nevada Soccer Association  
Parent/Guardian Publicity Authorization and Release**

Dear Parent/Guardian:

The Heat FC; Southern Nevada Soccer Association requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your child has participated in his/her soccer program. Your authorization will enable us to use specially use prepared materials to increase public awareness and promote continuation and improvement of our soccer program through the use of mass media, displays, brochures, websites, etc.

1. Name of Child (please print) \_\_\_\_\_

2. Birthdate (please print) \_\_\_\_\_

3. Name of Parent (please print) \_\_\_\_\_

a. I, as a parent of guardian, of the above named child fully authorize and grant the Heat FC; Southern Nevada Soccer Association and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named child on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.

b. I understand and agree that use of such Recordings will be without any compensation to the child or the child's parent or guardian.

c. I understand and agree that the Heat FC; Southern Nevada Soccer Association and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.

d. I understand and agree that Heat FC; Southern Nevada Soccer Association and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.

e. I hereby release and hold harmless the Heat FC; Southern Nevada Soccer Association and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the child and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

My signature shows that I have read and understand the release and I agree to accept its provisions.

4. Signature of Parent/Guardian \_\_\_\_\_

5. Date Signed \_\_\_\_\_

6. Address \_\_\_\_\_

7. Telephone \_\_\_\_\_

8. Team: Heat FC \_\_\_\_\_ Coach \_\_\_\_\_

Granting of permission is voluntary. Please return completed form.