



Photo Release Form

The Southern Ontario District (SOD) of XCSC has my permission to use my or my child's photograph publically to promote the SOD Team. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: _____ Date: _____

Parent/Guardian's Name: _____

Athlete's Name: _____