

Name: _____,
(Last Name, First Name)



"Over the Wall: Baseball Academy, LLC,"
807 Parkview Lane
Green Bay, WI 54304

Permission to Use Photograph/Video

Event: Personal/Group Baseball Instruction

Location: "Over the Wall: Baseball Academy, LLC" facility or organized event

I grant to "Over the Wall: Baseball Academy, LLC," the right to take photographs of me and my family in connection with the above-identified event. I authorize "Over the Wall: Baseball Academy, LLC," its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that "Over the Wall: Baseball Academy, LLC," may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, marketing, and/or Web content.

I have read and fully understand the above conditions:

Participant: _____

Signature (if at least 18): _____

Age: _____ School: _____

Team: _____

If the participant(s) are under the age of 18:

Parent/Guardian(print): _____

Signature: _____

Dated: ____ / ____ / _____

Participants Birthday: ____ / ____ / _____