

Photo Release Form

Stonegate Swim Club, Inc.
Address
Salem, VA 24153

I grant to Stonegate Swim Club, Inc., its representatives and employees the right to take photographs of me and all members of my family associated with membership ID _____ in connection with the above-identified subject.

I authorize Stonegate Swim Club, Inc., its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Stonegate Swim Club, Inc. may use such photographs of me, and all members of my family associated with membership ID _____ with or without our name(s) and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____
Printed name _____
Date _____

By checking this box I am indicating that Stonegate Swim Club, Inc. does not have permission to use photos of me and/or family members associated with membership ID _____ per the terms above.