



## **Gainesville Soccer Alliance**

**P.O. Box 14685  
Gainesville FL 32604  
352.379.5979**

Permission to Use Photograph

Subject: \_\_\_\_\_

Location: \_\_\_\_\_

I grant to Gainesville Soccer Alliance and its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize the Gainesville soccer Alliance its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Gainesville Soccer Alliance 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, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_  
(if under age 18)