



Foley JO Volleyball

PHOTO RELEASE FORM

I _____ parent/guardian of _____ (player)

hereby give my permission for the Foley JO Volleyball program to use, now and in the future, photographs of my daughter in the program's publications and website.

Parent/Guardian Signature

Date

*Not granting permission will have no bearing on your child's participation in the Foley JO Volleyball program.