



**Jacob's Buddies League**  
Adaptive Sports Program

# Photo Opt-out Release

Player Form

**JBL Photo Policy:** On occasion, representatives from media or Jacob's Buddies League Adaptive Sports Program will take photographs or audio/video for the purpose of promoting Jacob's Buddies League Adaptive Sports Program.

Should a player (or the parents or guardians of such who are under the age 18) NOT want to be photographed or recorded, or have their name or biographical information used in connection with any such recording, they must submit a completed Photo Opt-Out Form to the Family Experience Director.

Complete and return this form to the Family Experience Director ONLY if you do NOT give permission for your photo, audio or video to appear in possible Jacob's Buddies League Adaptive Sports Program publications and/or publicity, including the program's website or social media. This opt out request is effective for one year (Jan1-Dec 31). It must be renewed each year in order to be valid.

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I do not authorize the representatives of JBL Adaptive Sports Program to record my photographs or other images or likenesses in the form of audio, video, or any other medium, or to use, reproduce, modify, distribute, or publicly exhibit such recordings, in whole or in part, for any purpose. Further, I do not consent to the use of my name, voice, or biographical material in connection with any such recording.

I hereby confirm that I am of legal age (18) and have every right to contract in my own name as stated above. I further affirm that I have read the above "Photo Opt-out Release," and am familiar with its contents.

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_

I hereby confirm that I am the parent or guardian of the student named above. I further affirm that I have read the above "Photo Opt-out Release," and am familiar with its contents.

### **For Players under 18**

Parent/guardian name: \_\_\_\_\_  
Parent/guardian signature: \_\_\_\_\_

Please email this completed form to the Family Experience Director at [familyexperiencedir@jacobsbuddiessports.org](mailto:familyexperiencedir@jacobsbuddiessports.org).