

# **PALM BEACH COUNTY U-19 RUGBY CLUB**

## **Name, Image and Voice Consent**

I \_\_\_\_\_, the parent/guardian of  
\_\_\_\_\_, acknowledge that my child/ward is  
a member of the Palm Beach County U-19 Rugby Club, and a participant in Palm Beach County U-  
19 Rugby Club events. I do hereby give authorization to the Palm Beach County U-19 Rugby Club  
to photograph and/or videotape my child/ward and further to use his/her name, face, likeness, voice  
and appearance in connection with exhibitions, publicity, advertising, and promotional and  
commercial materials, without reservation or limitation.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

### **STATE OF FLORIDA, COUNTY OF PALM BEACH**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ of \_\_\_\_\_.  
month year

Stamp



\_\_\_\_\_  
NOTARY PUBLIC; State of Florida at Large My commission expires: \_\_\_\_\_