



Date \_\_\_\_\_

For valuable consideration, I hereby irrevocably consent to and authorize the use and reproduction by Sporting Youth, or anyone authorized by you, of any or all photographs which you have this day taken of me or my property, negative or positive, proofs of which are hereto attached, for any purpose whatsoever, without further compensation to me. All film negatives and positives and electronic images and data, together with the prints shall constitute your property, solely and completely.

Photos submitted may be used in Sporting Youth Magazine. Student quotes may also be used in Sporting Youth Magazine

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone \_\_\_\_\_

Signature of parent or guardian if minor \_\_\_\_\_

Signature of witness \_\_\_\_\_

Please return the signed form to:

Sporting Youth  
P.O. Box 1137  
Watkinsville, GA 30677

Or fax to 706.202.3467

Or scan and send to: [mail@sportingyouthga.com](mailto:mail@sportingyouthga.com)

Thank you!

A handwritten signature in cursive script that reads "Maureen Bevillard".

Maureen Bevillard  
Publisher