

Sham-Roxz Volleyball Club  
Photo/Video Release

PLAYER NAME: \_\_\_\_\_

I, \_\_\_\_\_, hereby give authorization to Sham-Roxz Volleyball to permit my child to be photographed, filmed or videotaped for promotional purposes for the 2011-2012 volleyball season. I further authorize the use of such material on the Sham-Roxz website.

I do hereby release and waive all claims, demands or objections against the above named club in connections with or arising out of the photographing or videotaping of my child.

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

\_\_\_\_\_  
Date