



Lancaster Little League  
PO BOX 1455  
South Lancaster, MA 01561

## Model Release Form

I \_\_\_\_\_,  
(Players Full Name)

of \_\_\_\_\_,  
(Address)

herby give permission to Lancaster Little League, to use photographs and video taken of me during the games and events associated with Lancaster Little League in any manner to help promote the league activities. Such use could include publications, media releases, announcements, electronic or otherwise, and on league websites or social media pages. I understand that I will not receive any compensation if such image appears in any of the manners listed above or other manner that the league deems appropriate. I agree that such image is the property of Lancaster Little League.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(Date)

(If the above is a minor, a parent or guardian must complete the section below)

I \_\_\_\_\_,  
(Parent/Guardian Full Name)

of \_\_\_\_\_,  
(Address)

the \_\_\_ Parent \_\_\_ Guardian of the above listed minor, hereby give my permission to Lancaster Little League, to use photographs and video taken of me during the games and events associated with Lancaster Little League in any manner to help promote the league activities. Such use could include publications, media releases, announcements, electronic or otherwise, and on league websites or social media pages. I agree that neither I, nor the above listed minor will not receive any compensation if such image appears in any of the manners listed above or other manner that the league deems appropriate. I agree that such image is the property of Lancaster Little League.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(Date)