

**RELEASE/CONSENT FORM  
GRANTING PERMISSION TO FILM**

Please print and sign this document and return along with your sports Packet

I hereby grant permission to CCMS Lacrosse to film my son in Culver City Middle School Lacrosse **Games** and publish them on the team YouTube channel for game review purposes.

Players Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent or guardian complete the bottom portion of this form.**

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, hereby give my consent to Culver City Middle School Lacrosse to use any film/photo images taken of my child for the purposes set forth above.

Signature of  
Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone : \_\_\_\_\_

Email : \_\_\_\_\_

**Culver City Middle School Lacrosse game footage is captured for the purpose of team and coach game review only. Film will also be made available to parents and/or the team web page for special highlight footage only.**