

IMAGE RELEASE

I consent and hereby grant to the Biddeford Youth Football Association (BYFA), its Officers, Agents, Employees and Assigns the right to take photographs of me or my child (or persons who I am legal Guardian) in connection with this program. I understand that this photograph and/or other digital reproduction may be utilized for all publication processes, whether electronic, print, digital or electronic publishing via the internet (website). I understand that neither I nor my child will receive payment from any party. BYFA promises to not sell or use the photos in any wrongful manner.

By signing this form, I confirm that this consent form has been explained to me in terms which I understand.

Parent/Guardian Name

Parent/Guardian Signature

Date

PARENT CODE OF CONDUCT

I hereby pledge to provide positive support, care and encouragement for my child and all other children participating in the BYFA program by the "Parent's Code of Conduct".

I acknowledge that on _____ (date) I was given a copy of the Parent's Code of Conduct, and that I have reviewed it, and voluntarily agree that I and any other person who will accompany me will abide by its regulations.

Parent/Guardian Name

Parent/Guardian Signature

Date