



## Photo Release

I hereby give my permission to the New York State West Youth Soccer Association TOPSoccer program, to use any portrait, picture, photograph, and/or video of my child,  
\_\_\_\_\_, myself or my family, for the sake of publicity for the TOPSoccer program.

Electronic Signature \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_

Date \_\_\_\_\_