

BLACK HEAD SURF CLUB MEDIA RELEASE FORM

I, _____ of
(Member or Parent/Guardian)

Address: _____

Give Black Head Surf Life Saving Club permission to photograph,

video tape and/or use _____
(Member)

name in print for public showing. This can include in-house viewing,
website and the media.

I understand that Black Head Surf Life Saving Club is no way liable for
any damage that may result from the release of the above information
about the above mentioned person.

Signed: _____

Date: _____

Full Name: _____

Home Phone: _____