



WYOMING WAVES SWIM TEAM PHOTO AND ROSTER  
RELEASE FORM

I HEREBY AUTHORIZE THE WYOMING WAVES SWIM TEAM TO  
USE PHOTOGRAPHS OF MY SWIMMER (S) \_\_\_\_\_  
FOR PURPOSES INCLUDING BUT NOT LIMITED TO  
PROMOTIONAL MATERIALS FOR THE TEAM (BROCHURES, ADS,  
BULLETIN BOARDS, ETC) AS WELL AS PUBLICATION ON THE WYOMING  
WAVES WEBSITE AND IN THE NEWSLETTER.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I HEARBY AUTHORIZE THE WYOMING WAVES SWIM TEAM TO  
PUBLISH OUR FAMILY NAMES AND SWIMMER (S) NAMES,  
ADDRESSES AND PHONE NUMBERS ON THE TEAM ROSTER, TO  
BE DISTRIBUTED AMONG THE MEMBERSHIP.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_