



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
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 _____