



Photo Release Form

Photographs may be taken on this wakeboarding lesson/event. Please complete the following form. If you do not want your photo taken, please let us know and we will accommodate your request.

I grant School of Wake LLC the right to take photographs of me in connection with the above-identified event. I authorize School of Wake LLC to use and publish the same in print and/or electronically.

I agree that School of Wake LLC may use such photographs of me with or without my name and for any lawful purpose, including such purposes as publicity, illustration, advertising, marketing and web content.

I have read and understand the above statements.

Participant Signature:

Participant Printed Name:

Parent/Guardian Signature (If participant is under 18):

Parent/Guardian Printed Name:

Address:

Date:
