

SMASH ZONE BASEBALL LLC.

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CONSENT TO RELEASE INFORMATION**

I, _____, give my permission to use:
(print name)

audio

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photograph

for publicity or educational purposes by Smash Zone Baseball LLC. I understand that all materials will remain the property of Smash Zone Baseball LLC., and I am not entitled to any compensation or payment for their use. Further, Smash Zone Baseball LLC. agrees not to disclose client's name or any of client's personal information in any publication.

Date: _____

Signature: _____
(parent/guardian signature required for minor)

Address: _____

(city, state, zip)

Phone: _____

Witness: _____