



PUBLICATION/ VIDEO RELEASE FORM FOR PARTICIPATION IN HiBA ACTIVITIES

By signing this form, you agree to the terms and conditions of this agreement.

I hereby give my permission to Hawaii Baseball Association, and affiliates to use my child's photographs, videotape, or otherwise record my child's name, voice, and/or likeness in its publications. I understand that examples of my child's photos and/or these recordings of my child will be used exclusively for non-commercial, promotional purposes, which may include, but not limited to, distribution by print, internet, or digital media and open-circuit broadcast, closed-circuit, and/or cable television transmission within or outside of the State of Hawaii for the duration of the media.

I understand that there will be no financial or other remuneration for use of my child's Hawaii Baseball Association, and affiliates photos and/or recordings, either for initial or subsequent transmission or playback, and I hereby release the Hawaii Baseball Association, and affiliates from any liability resulting from or connected with the publication of such work. Permission is granted for the duration of the media. I further understand that my permission or consent may be rescinded; however, in order for the revocation of permission/consent to be effective, it must be made in writing and said revocation will not affect the publication or work that has already been produced.

The Hawaii Baseball Association, and affiliates may use my child's name, likeness, photos, and/or bibliographical identification for publicizing and promoting the use of these recordings.

Hawaii Baseball Association, and affiliates has permission to photograph, videotape or otherwise record my child's name, voice, and/or likeness for promotion purposes. yes no

Hawaii Baseball Association, and affiliates has permission to use my child's photos for promotional purposes. yes no

Player's Name (Please Print)				Parent/Guardian Name (Please Print)	
League		Division		Signature	
Home Address		City	State	Email	
Mailing Address (if different from above)		City	State	Zip Code	Date