



PHOTO SESSION REGISTRATION

Parent Name _____ Session Time _____

Child 1 Name _____ Age _____ Suit Color _____

Child 2 Name _____ Age _____ Suit Color _____

Best Telephone Number _____

E-mail address _____

PHOTO RELEASE FORM

I hereby give permission for images of my child, captured through digital camera, to be used for the purposes of LOVE SWIMMING and SWIM SNAPS promotional material and publications, and waive any rights of compensation or ownership thereto.

Name of Parent/Guardian _____

Parent/Guardian's Signature _____

Date _____