



Little ELITES Photo Release Form for Facility/Agency/Home Programs

This form is to be used for all Little ELITES

TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR ATHLETE

I am the parent/guardian of _____, the minor participant. I am specifically granting my permission, forever, to Special Olympics to use the participant's likeness, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities. I also understand that group data collected from Little ELITES will be used to plan, evaluate, and improve the program.

I have read and fully understand the provisions of the above release, and have explained these provisions to the participant. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the participant named above. I hereby give my permission for the participant named above to participate in training, demonstration events and exhibitions at Little ELITES games, recreation programs, and physical activity programs at approved sites.

Signature of Parent/Guardian

Date

Print Name

County/ School

You are participating in a Facility/Agency Program. Please return the Little ELITES Release Form to your Facility/LE Coordinator/ Teacher. Please do not send your Little ELITES Photo Release form to Special Olympics Florida.



Young Athletes Photo Release Form for Facility/Agency/Home Programs

This form is to be used for all Young Athletes and Unified® Young Athletes

TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR ATHLETE

I am the parent/guardian of _____, the minor participant. I am specifically granting my permission, forever, to Special Olympics to use the participant's likeness, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities. I also understand that group data collected from the Young Athletes Program will be used to plan, evaluate, and improve the program.

I have read and fully understand the provisions of the above release, and have explained these provisions to the participant. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the participant named above. I hereby give my permission for the participant named above to participate in training, demonstration events and exhibitions at Young Athlete Special Olympics games, recreation programs, and physical activity programs at approved sites.

Signature of Parent/Guardian

Date

Print Name

County/ School

You are participating in a Facility/Agency Program. Please return the Young Athlete Release Form to your Facility/YAP Coordinator/ Teacher. Please do not send your Young Athletes Program Photo Release form to Special Olympics Florida.