



Written Consent for Use of Portrait, Name, Testimonial

I, _____, hereby consent and grant permission to Touching Bases Softball League
(Name/Self/Parent/Guardian)

of Erie County, Inc. and/or its designee(s), to use the picture and/or portrait, whether in the form a still photograph, video tape, motion picture, letter, news publication, grant submission or other manner of presentation of

_____ for purposes of promoting and presenting League programs and services
(Player's name)

for fundraising activities, public relations, educational activities, and for other activities aimed at projecting

a positive image of the League and/or the people it serves. In addition, I hereby consent and grant my permission

to use _____'s name in Publications related to Touching Bases Softball League of Erie
(Player's name)

County, Inc. This written consent and grant of permission may be revoked only in writing and will be effective for the future except for activities already planned at the time of the written revocation.

(Date)

(Signed)

(Parent or Legal Guardian, if necessary)

(Address)

(Phone Number)

Touching bases, touching lives