



THE ANTHRACITE COMBAT CLUB PHOTO RELEASE FORM

I hereby grant the *Anthracite Combat Club* permission to use my likeness in a photograph, video, or other digital media in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the *Anthracite Combat Club* and will not be returned.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE.

Print Name: _____

Signature: _____ | Date: __ / __ / ____

If under 18, parent signature giving consent required:

Student Name: _____

Parent/Guardian Signature: _____ | Date: __ / __ / ____