



Field of Dreams Baseball
Aberdeen Park
1401 Shetland Drive
St Johns, FL 32259
EIN: 59-3466976

FIELD OF DREAMS BASEBALL PICTURE WAIVER FORM

COMMUNICATION AND PROMOTIONAL CONSENT: As a condition to my child's participation, I hereby consent to receive communications via email and mail from Field of Dreams Baseball (FOD) and its partners. I understand that Field of Dreams Baseball (FOD) does not sell its contact lists and communications sent may contain program information as well as special offers and may be opted out of by following the instructions in the email or via written request to the Field of Dreams Baseball Association (FOD) address listed above. Furthermore, I hereby grant to Field of Dreams Baseball (FOD) the absolute right and permission to make, reproduce, broadcast or otherwise use participant's name and likeness, any photograph, films, videos, recordings, or other depictions or images in whatever form or media in connection with participation in Field of Dreams Baseball (FOD) throughout the universe in perpetuity and in any and all advertising and promotion materials, in any manner or media whatsoever for purposes of art, advertising, editorial, trade or promotion or any other purpose whatsoever. To the extent that any benefit accrues or may accrue to Field of Dreams Baseball (FOD), I hereby and forever waive any interest in or claim to such benefits and acknowledge that FOD is under no obligation to exercise any rights granted herein.

_____/_____/20____
Please Print Player's Full Legal Name Print Player's Division Date

X_____
Please Print Parent/Guardian Name Parent/Guardian Signature