



P.O. Box 1144, Darien, Connecticut 06620

STANDARD PHOTO RELEASE FORM

Participant's Name: _____

I hereby authorize Sound Cyclists Bicycle Club, its representatives and members the right to take photographs of me and to publish these photographs, along with use of my name, to be use in any Sound Cyclists Bicycle Club printed publications and/or website.

I acknowledge that since my participation in publications and/or websites produced by Sound Cyclists Bicycle Club is voluntary, I will receive no financial compensation. I further agree that my participation in any publication and/or website produced by Sound Cyclists Bicycle Club confers upon me no rights of ownership whatsoever.

I agree that Sound Cyclists Bicycle Club may use such photographs of me with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

I release Sound Cyclists Bicycle Club, its contractors and its members from liability for any claims by me or any third party in connection with my participation.

I have read and understand the above:

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Signature (parent or guardian): _____

(if subject is under age 18)