



NORTHERN STARS LACROSSE  
2007-2008 PHOTOGRAPHIC RELEASE

**CONSENT TO USE OF PHOTOGRAPHIC OR VIDEO IMAGES**

Please send this form to: NORTHERN STARS LACROSSE  
137 South Road  
Marlborough, CT 06447

Participant's Name: \_\_\_\_\_  
(Please print clearly)

Purpose:

I am the mother/father/legal guardian of \_\_\_\_\_, a participant  
in the Northern Stars Lacrosse Program ("NSL").

I \_\_\_\_\_ hereby grant Northern Stars Lacrosse, its agents  
and representatives, for use in all types of media used to promote the Northern Stars  
Lacrosse program, full and comprehensive rights to use photographs or other images of  
my child's involvement in the Northern Stars Lacrosse Program.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Print Date: \_\_\_\_\_