

**Aquastarz Synchronized Swimming Team
Publicity/Media Release**

Swimmer's name _____

____ I give permission to have my child's picture and name printed in any publicity or media for the purpose of promoting the AquaStarz Synchronized Swim Team.

____ I do not give permission to have my child's picture and name printed in any publicity or media for the purport of promoting the AquaStarz Synchronized Swim Team.

Parent Signature and Date

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