



PHOTO RELEASE FORM

I, \_\_\_\_\_, (Hereinafter "Subject") for good and valuable consideration, hereby give permission to the USTA Wisconsin Tennis Association (Hereinafter "WTA") and/or parties designated by the WTA to photograph myself and use such photographs in all forms of media, for any and all promotional purposes including advertising, publicity, display, audiovisual, exhibition, commercial or editorial use.

I understand that the term "photography" as used herein encompasses still photographs, audio recording, and motion picture footage.

I further consent to the reproduction and/or authorization by the WTA to reproduce and use such photographs for use in all domestic and foreign markets.

I hereby release the WTA and any of its associates, affiliates, appointed advertising agencies and designated directors, officers, agents, employees and customers from any claims.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Subject's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Parent signature if Subject is under 18 years of age)

**Wisconsin Tennis Association Office, 1297 River Lane, Mosinee, WI 54455**