



**West Hawaii Water Safety Instruction
Photo Release Form
www.westhawaiiwsi.com**

*I hereby grant permission to West Hawaii Water Safety Instruction (WHWSI) to use my photograph on its website or in other promotional materials, and I acknowledge the right of WHWSI to crop the photograph at its discretion. I understand that my identity will never be released to the public. I also acknowledge that any use of the photos is done without financial compensation to me or my family and that WHWSI may choose not to use my photo at this time, but may do so at its own discretion at a later date.
I have read the foregoing release and warrant that I fully understand the contents thereof.
I, hereby, consent to the use of these photographs*

Participant Signature

Participant Name (Printed)

Date

I, hereby, do not consent to the use of these photographs

Participant Signature

Participant Name (Printed)

Date

Please let us know if you'd like a copy of this release for your records.