



SOUTH SHORE ICE STORM ASSOCIATION

PHOTO AND MEDIA RELEASE CONSENT FORM

Player's name: _____

I/We authorize the South Shore Ice Storm Association to disclose personal information in accordance with the Hockey Canada Privacy Guidelines and for administration purposes only. I/We understand that information may also be required for publicity and/or media relations to benefit the public relations of his/her team activities, league and tournament play, fundraising events.

I/We, the undersigned, grant permission to the South Shore Ice Storm Association to publish, copyright, distribute and/or display photographic or videographic images of my hockey player son/daughter for publication in brochures, magazines, newspapers, presentations, websites, and multimedia productions. Such images may be reproduced electronically, alone or in composites.

I/We am also aware that individual or group photos that include my child that is submitted by another parent may be posted on the South Shore Ice Storm Association website anytime during the hockey season.

These images are for the purposes of illustrating the game of hockey and development of related activities and may be used by the South Shore Ice Storm Association or its assigns. These images are not for sale and will be used only by the South Shore Ice Storm Association or other agencies working with South Shore Ice Storm Association.

Parent/Guardian – print name

Signature

Date

Player over 18 – print name

Signature

Date