



WEST NIPISSING MINOR HOCKEY ASSOCIATION

210 Clark St. Unit A - Sturgeon Falls - ON - P2B 3M8

Website: stinghockey.ca ~ **Email:** webmaster@stinghockey.ca

MEDIA & INFORMATION CONSENT FORM

Player Name (Print): _____ Age Division _____ Season: _____

I authorize the West Nipissing Minor Hockey Association, herein known as the Association, to disclose personal information following the Hockey Canada Privacy Policy and associated guidelines for administration purposes only. I understand that information may also be required for publicity and/or media relations to benefit the public relations of team activities, league and tournament play, fundraising events, and the no-for-profit Association in general.

I also consent to allowing the Association to authorize certain reputable persons to take photographs videotape, or digital recordings of games that may include above named player and to use these in any and all media, including the Association's website.

I am also aware that the Association is not responsible for unauthorized photos or videos taken by parents or media personnel and as such the Association is not liable for privacy infringement or misuse in such cases.

I, _____, having legal responsibility for the player named on this form,
Parent/Guardian Name (print)

have read and understood the above and

do consent

do **NOT** consent

to allowing the Association to authorize certain reputable persons to take photographs, videotape, or digital recordings of games that may include the above named player and to use these in any and all media, including the Association website.

Signature

Date