



HAMILTON DISTRICT SLEDGE HOCKEY ASSOCIATION

Consent to Photograph, Film and/or Videotape

From time to time, the press and other organizations request the loan of photographs (or permission to take photographs, film and/or videotape for publicity, fundraising and/or HDSHA web site purposes). I agree to photographs, film and/or videotapes being used for the above purposes on an ongoing basis. Should I no longer wish to have the photographs, film and/or videotapes used for publicity, fundraising and/or the HDSHA web site, I will contact HDSHA in writing stating my wish to void this consent. In Respect Of:

First Name: _____ Last Name: _____

Date of Birth (YYYY – MM – DD): _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Signature of Athlete) _____ Date: _____

Signature of Parent/ Guardian) _____ Date: _____

Note: Authorization must be signed by the athlete or in the case of a minor, by the parent or legal guardian, whichever is the appropriate legal authority. In consideration of my participation in the programs, activities and events of the Organization, I hereby acknowledge that I am aware of the risks and hazards associated with or related to any such programs, activities and events.