Temiskaming Shores Minor Hockey Association

MEDIA & INFORMATION CONSENT FORM

Player name (print): _____ Age division: _____ Season: 20__-20__

I authorise the Temiskaming Shores 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 not-for-profit Association in general.

I also consent to allowing the Association to authorise 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 www.tsmha.ca .

I am also aware that the Association is not responsible for unauthorised 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.

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I, _____ , having legal responsibility for the player named on this form, have read and
Parent/Guardian name (print)

understood the above and ☐ *do consent* ☐ *do **NOT** consent*

to allowing the Association to authorise 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's website www.tsmha.ca .

_____ _____
Signature Date