

## PHOTO & VIDEO RELEASE WAIVER for Visiting Teams

West Colchester Minor Hockey Association (WCMHA) believes strongly in the need to protect the privacy of our players, coaches, referees and volunteers, especially on the public internet.

We also recognize that showcasing the game of hockey and our players can be a positive experience. Your team's (or your) photo or video may be taken throughout the year to use to promote the WCMHA including, but not limited, to:

- marketing material
- showcase stories and team photos in media
- WCMHA website
- WCMHA social media

In addition, when in-person games are not open to spectators, games may be live streamed/recorded to both the WCMHA team and the visiting team.

### **PLEASE COMPLETE**

**I understand** that by signing this release waiver I give WCMHA the permission to photograph and livestream/record my team's (and those associated with my team) image on still photographs, motion picture film, audio tape, video tape, or digital media and to use this material, and/or similar material, in whole or in part, now and in the future, through television, film, Internet, multimedia presentation, radio, audiotape, videotape, in printed form, and display form for the promotion of WCMHA. I, on behalf of my team assign and transfer to WCMHA any and all proprietary rights, including copyright, and waive all personal rights, which I may have or my team may have in this material.

**I acknowledge** that WCMHA is only responsible for official uses of photographs and recordings related to WCMHA activities and promotion. Any personal uses by the Executives, Coaches, Managers, Volunteers, Members, Other Associations and Non-Members outside of the promotional uses outlined above are not monitored by or the responsibility of WCMHA.

**I acknowledge** that to change consent I must contact the WCMHA Team Manager with my request.

Please check appropriate box:  Yes  No

I, \_\_\_\_\_ (*Print name of manager/coach*) of \_\_\_\_\_  
\_\_\_\_\_ (*Team Name and age division*) do hereby give consent  
to WCMHA to approve the release of the team's personal information as listed above.

\_\_\_\_\_  
Signature of Team Representative

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(dd) (mm) (yyyy)