

PHOTO & VIDEO RELEASE WAIVER

West Colchester Minor Hockey Association (WCMHA) believes strongly in the need to protect our players, coaches, referees and other associated volunteers and recognize the issues around the publication of children's personal information, especially on the public internet.

We also recognize that showcasing the game of hockey, and our players can be a positive experience. Your child/ren'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
- WCHMA website
- WCMHA social media

In addition, when in-person games are not open to spectators, games will be livestreamed/recorded to both the WCMHA team and the visiting team. It is also important to understand that away games may also be livestreamed/reordered on the away teams' social media or other livestreaming hosting platform.

PLEASE COMPLETE

I understand that by signing this release waiver I give WCMHA the permission to photograph and livestream/record my child/ren's (or my) 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, multi-media presentation, radio, audiotape, videotape, in printed form, and display form for the promotion of WCMHA. I, on behalf of my child/ren assign and transfer to WCMHA any and all proprietary rights, including copyright, and waive all personal rights, which I may have or my child/ren may have in this material.

I understand that by signing this release waiver I give other Hockey NS sanctioned teams whom my child/ren play in games the ability to livestream my child/ren's image on the internet.

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 my Team Manager with my request.

Please check appropriate box: Yes No

I, _____ (*Print name of parent/guardian, or adult if 19 years of age or over*) of _____ (*Address*) do hereby give consent to WCMHA (and other Hockey NS sanctioned teams) to approval the release of _____ (*Child's Name*) personal information as listed above.

Signature of Parent(s)

Date: ____/____/____
(dd) (mm) (yyyy)