



## **MEDIA RELEASE**

I, \_\_\_\_\_ hereby give my permission, to SQUAMISH MINOR HOCKEY ASSOCIATION to photograph, film, videotape and/or make sound recordings of my child, \_\_\_\_\_, to quote or publish statements of my child and to use such photographs, films, videotapes, sound recordings and/or other statements for educational and promotional/advertising materials.

I understand that my child may be identified in any photographs, news stories or publications that the aforementioned institution consider appropriate for release to magazines, newspapers, the World Wide Web sites of this institution, and/or other publications. I further understand that any such photographs, films, videotapes, sound recordings and/or written works are the property of this institution and that neither my child nor I am entitled to any compensation for or rights in these materials.

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Print Name \_\_\_\_\_