



## SHALLOW LAKE MINOR HOCKEY PHOTO RELEASE FORM

I hereby authorize Shallow Lake Minor Hockey Association to publish photographs taken of me and/or the undersigned minor children, and our names, for use in Shallow Lake Minor Hockey Association printed publications and websites.

I release Shallow Lake Minor Hockey Association from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize Shallow Lake Minor Hockey Association to use their photographs, videos and names.

I acknowledge that since participation in publications and website produced by Shallow Lake Minor Hockey Association confers no rights of ownership whatsoever. I release Shallow Lake Minor Hockey Association, and its members from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Print Name of Minor Child: \_\_\_\_\_

Print Name of Parent of Legal Guardian: \_\_\_\_\_

Print Name of Player (if over 18): \_\_\_\_\_

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