

Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Crossfield Minor Hockey Association (CMHA) to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the CMHA Web site (<http://www.crossfieldmha.com/>), or outside publications such as local newspapers.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following way:
 - Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by CMHA for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name or other personal information will **not** be used in conjunction with any video or digital images.
 - Restricted usage:** (please specify)

Parent/guardian signature _____ Date _____

Please make a copy of this form for your own records and mail or scan and email the original to:

Jennifer Taillefer
Communications Coordinator
Crossfield Minor Hockey Association
PO Box 296
Crossfield, AB T0M 0S0
communications@crossfieldmha.com

If you have questions, contact Jennifer at 946-9959.

