



Player: _____

You may withdraw your consent at any time by contacting the HCMHA Board of Director at rockiesminorhockey@gmail.com.

Photograph/Media Consent:

I hereby provide consent to High Country Minor Hockey Association to photograph, video/audio tape, or interview by child, and to post this information on the HCMHA website, social media accounts, or in promotional materials/advertisements. I understand that this information posted on these sites could be copied, altered, or moved to another site by anyone who visits these sites.

YES, I consent for my child to be (check all boxes that apply):

Photographed and/or video/audiotaped by HCMHA

Interviewed by HCMHA

I hereby provide consent to High Country Minor Hockey Association to permit media and/or other outside organization to film, photograph, video/audiotape, or interview by child. I understand that this information may be collected, used, reproduced, or broadcast by media or an outside organization and this information could be copied, altered, or moved to another site by anyone who visits these sites.

YES, I consent for my child to be (check all boxes that apply):

Photographed and/or video/audiotaped by media

Interviewed by media

Please ensure that you have reviewed all the information above before signing.

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN PRINTED NAME: _____

DATE: _____

