



SOUTH OKANAGAN MINOR HOCKEY ASSOCIATION

PHOTO CONSENT FORM

Player Name : _____

Team Name : _____

I the undersigned, grant permission to the South Okanagan Minor Hockey Association (SOMHA) to publish, distribute and/or display photo images of my hockey player son/daughter for publication in brochures, magazines, newspapers, presentations, websites and multimedia productions. Such images may be reproduced electronically, alone or in composites.

I am also aware that individual or group photos containing images of my child may be submitted by other parents and subsequently posted on the SOMHA website anytime during the hockey season.

These images are for the purposes of illustrating the game of hockey. These images are not for sale and will be used only by SOMHA.

If you subsequently wish to withdraw your consent, please contact the SOMHA web administrator.

Parent/Guardian – Name Signature Date

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