Okotoks Minor Hockey Association

"Practice and play like a champion today!"

Box 1152 Okotoks, AB T1S 1B2

403.710-2213

IMAGE CONSENT FORM

Photographs, Videos and Recordings

I hereby grant permission to the Okotoks Minor Hockey Association (collectively, the "Camp Provider") and their representatives to photograph and video record me, and otherwise capture my image, and to make recordings of my voice at the event or location noted below for the purpose of making available, in the absence of in person attendance being permitted, a digital broadcast of the hockey camps/games being offered by the Camp Provider (the "Broadcast").

Event/Location: _____

Date: _____

First & Last Name (printed): _____

Email: _____

Phone No: _____

Waiver, Indemnity and Release

I hereby waive any right to inspect or approve the use of the images or recordings in the Broadcast. I also waive any right to royalties or other compensation arising from or related to the use of the images and recordings in the Broadcast.

I hereby release, defend, indemnify and hold harmless the Camp Provider, its coaches, managers, agents, directors, officers, shareholders, partners, employees, administrators, volunteers and insurers from and against any claims, damages or liability arising from or related to the use of the images or recordings in the Broadcast, including but not limited to claims of defamation, invasion of privacy, or rights of publicity, or copyright infringement, or any misuse, distortion, blurring, alteration or optical illusion that may occur or be produced in taking, processing or production of the Broadcast.

I am 18 years of age or older and I am competent to contract in my own name.

I have read this document before signing below and I fully understand the contents, meaning and impact of this consent, waiver, indemnity and release.

This consent, waiver, indemnity and release is binding on me, my heirs, executors, administrators and assignees.

By signing below I accept both policies mentioned above.

_____ Date: _____

Signature (if 18 years or older)

_____ Date: _____

Signature of Parent/Guardian (if under 18 years)

_____ Date: _____

Signature of Witness