



FINGER LAKES REGIONAL HOCKEY ASSOCIATION

MEDIA RELEASE

On many occasions photography/videos are taken of our players, families and coaches while they are involved in various on-ice and off-ice activities. Because these photographs/videos may be on display in various areas such as: website, newspapers or the news, it is important that we obtain permission to use the photograph/videos that include you and/or our child.

Please complete and return this form which indicates your permission to use you and/or your child's photograph/videos for use on any of the media format.

I give permission to the FLRHA to take and/or use photographs and videos.

Date: _____

Child's Name: _____

Jersey #: _____

Coaches Name: _____

Mite-Squirt-PW-Bantam-16U
(circle one)

Parent/Guardian Signature: _____

~ The Media Release will be good for one calendar year ~