



Publishing of Information

I hereby consent to the collection and use of my personal images, athletic results and awards and prizes received, by posting on the web site of Almonte Pakenham Minor Hockey association web site (for APMHA hockey teams and individual pictures) and/or by publishing in the newsletter of APMHA. I understand that my personal information can be viewed by anyone who accesses APMHA's website or publications and that my consent can be withdrawn at any time.

Consent Form for Minors

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_, consent to the disclosure of personal information about \_\_\_\_\_ by posting it on the web site of APMHA and publishing it in its newsletter. This consent only applies to the following:

- 1. Photographs of (name of athlete): \_\_\_\_\_
2. Athletic results of (name of athlete): \_\_\_\_\_
3. Awards, prizes received by (name of athlete): \_\_\_\_\_

I am aware that by giving this consent, I am permitting personal information about (name of athlete) \_\_\_\_\_ to be published, which can be viewed by anyone who accesses APMHA's web site or publications, and that if consent were withheld, this posting and publication would not occur.

I further understand that this consent may be withdrawn by me at any time, upon written notice.

I give this consent voluntarily.

Dated: \_\_\_\_\_, \_\_\_\_\_

Parent/Guardian signature

Dated: \_\_\_\_\_, \_\_\_\_\_

Witness

Consent Form for an Adult

I, \_\_\_\_\_, consent to the disclosure of personal information about me by posting it on the web site of APMHA and publishing it in its newsletter. This consent only applies to the following:

- 1. Photographs of (name of APMHA athlete/coach/parent/executive member) \_\_\_\_\_
2. Athletic Results of (name of APMHA athlete/coach/parent) \_\_\_\_\_
3. Awards, prizes received by (name of APMHA athlete/coach/parent/executive member) \_\_\_\_\_

I am aware that by giving this consent, I am permitting personal information about (name of APMHA athlete/coach/parent/executive member) \_\_\_\_\_ to be published, which can be viewed by anyone who accesses APMHA's web site or publications, and that if consent were withheld, this posting and publication would not occur.

I further understand that this consent may be withdrawn by me at any time, upon written notice.

I give this consent voluntarily.

Dated: \_\_\_\_\_, \_\_\_\_\_

Signature