



MULTIMEDIA RELEASE FORM

This form states that I voluntarily and without compensation irrevocably grant to the **Richmond Munster Minor**

Hockey Association (RMMHA) the right to use _____ image, testimonial, name,
(insert participant's name)

audio or video recording in the advertising, publicity, or other promotional purposes of the RMMHA as

needed. I understand and agree that I have granted this right to the RMMHA.

I hereby release, discharge and agree to save harmless the RMMHA from claims relating to rights of privacy,

publicity and confidentiality through consent and authorization given by me in this release. I acknowledge that I

have read the foregoing and warrant and that I fully understand the contents.

Signed this _____ day of _____, 201_____ in the city/town of _____.

PARTICIPANT'S NAME (Please print)

SIGNATURE (if over 18)

PARENT/LEGAL GUARDIAN NAME (Please print)

SIGNATURE

ADDRESS

CITY, PROVINCE, POSTAL CODE

CONTACT PHONE

EMAIL *

[If the release is provided by a minor:]

I hereby certify that I am the parent or guardian of _____ (please print name) who is under the age of 18 years, to whom this release applies and that I have the legal authority to execute the release.

PARENT OR GUARDIAN (please print)

SIGNATURE