



MEDIA RELEASE FORM
BETWEEN
Coquitlam Port Moody Ringette Association
AND

Name of Player: _____

Name of parent/guardian: _____

Date: _____

AUTHORIZATION TO USE PHYSICAL LIKENESS

I, _____ (print name) the parent/guardian of the above child, give my consent for my player's image to be used in all Coquitlam Port Moody Ringette Association (CPMRA) media outlets including the CPMRA website, Facebook page, Twitter page, local, provincial and National newspapers and CPMRA media releases.

Signature of Parent/guardian: _____

Date: _____

Witness: _____