

CONSENT FOR USE OF PERSONAL INFORMATION AND PHOTO RELEASE

Printed Name of Participant		Signature of Participant	Date of Birth	
	Officer will advise the implications of so		,	
	Participant's image, voice, or written co		tball BC's Privacy Officer. The Privacy	
	. I understand and agree that while participating in or attending any online training session or video conference or meeting, hosted by Softball BC or by a Softball BC representative (such as a coach), the Participant's image, likeness and live video feed (if available) will be distributed to other individuals participating in the session or video conference. If the session is recorded with my knowledge, I agree that the Participant's attendance and/or participation in the session constitutes my agreement that the session may be distributed for the purposes explained prior to the Participant attending the session and that I waive any claim to remuneration for use of the			
	Furthermore, I grant permission to Soft still or motion picture film and/or audion through the media of newsletters, web waive any claim to remuneration for us	o tape, and to use this material to pronosites, television, film, radio, print and/	all BC's Privacy Policy. In the Participant's image and/or voice on romote the sport and/or Softball BC and/or display form. I understand that I ar these purposes. Itraining session or video conference or a coach), the Participant's image, likeness ticipating in the session or video Participant's attendance and/or y be distributed for the purposes	
	I, the undersigned, authorize Softball BC to collect and use personal information about the Participant for the purpose of receiving communications and the purposes described in Softball BC's <i>Privacy Policy</i> .			

Signature of Parent or Guardian

Printed Name of Parent or Guardian

(if the Participant is younger than 19 years old)

Date