



Lewis Clark Amateur Hockey Association
Photography and Social Media Use Release
LCAHA Hockey Season 2019-2020

LC Player Name: _____

LCAHA Team: _____

Parent/Legal Guardian Name: _____

Second Parent/Guardian (if applicable): _____

With your signature below, you consent to the following:

1. As the legal parent or guardian of the above listed player, I hereby give permission for the player to be photographed at LCAHA events and Team games.
2. I understand, agree, and give permission for photographs of my child at LCAHA games and events to be used in promotion and advertisement for the Lewis Clark Amateur Hockey Association.
3. Photographs may be used on the LCAHA website, Facebook page, Twitter accounts, and paper promotions/advertisements.

Signature (Guardian) & Date

Signature (Second Guardian) & Date

Print Name

Print name