



Multi Media Consent Form

Consent to Photograph/Videotape/Film/Use Name of individuals

I, _____, give York Region Soccer Association permission to photograph, videotape and/or film and publish my child/children’s name(s) as named below, and to publish said photographs, videotape and/or films and name(s) in York Region Soccer Association publications/materials including marketing and promotional materials, and the York Region Soccer Association official website for current and future use.

The photographs, videotapes etc shall remain the exclusive property of York Region Soccer Association and may be reproduced by York Region Soccer Association and anyone it has authorised without compensation or payment to the individual(s) concerned or any other person.

Name of Individual/Parent/Guardian (Please Print)

Address

City/Province/Postal Code

Telephone Number

Signature of Individual/Parent/Guardian

Today’s Date

Child/Children’s Name(s): _____
