

HYSA
Photographic / Media Consent Form

INFORMATION

I hereby consent to the collection and use of my personal images by photography or video recording.

I acknowledge these may be used on the HYSA's website and Facebook pages, in newsletters and publications as well as distributed to members.

I further acknowledge that my image may be used by the HYSA Committee and media to promote HYSA soccer and events in the future.

I understand that personal information, such as names, may be used in any publications related to HYSA soccer.

I also understand that my consent can be withdrawn at anytime in writing to the HYSA United at
P.O. Box 2354
Eagle River, WI 54521

CONSENT FORM

I
Name of person giving consent & parent/guardian if under 18 years of age

Consent to the use of photographs or video footage for use on the HYSA's website and Facebook page, in newsletters and publications as well as for distribution to members.

Consent to the use of photographs or video footage being used to promote future HYSA events by the HYSA Committee and other media.

I further understand that this consent may be withdrawn by me at anytime, upon written notice.

I **give** this consent voluntarily.

Player

.....
Signature of person giving consent Signature of parent/guardian < 18

Date

I **decline** consent.

.....
Signature of person giving consent Signature of parent/guardian < 18

Date